



Washington
Secretary of State
SAM REED

ARCHIVES & RECORDS MANAGEMENT DIVISION
1129 East Washington Street
PO Box 40238
Olympia, WA 98504-0238
Tel (360) 586-4900
Fax (360) 664-8814
<http://www.sos.wa.gov/archives>

May 19, 2010

TO: Steve Ryser, State Records Committee Member
Traci Friedl, State Records Committee Member
Mike Steenhout, State Records Committee Member
Jerry Handfield, State Archivist
Russell Wood, State Records Manager

FROM: Michele Mallery, State Government Records Management Specialist
Records Management Office

RE: June 2, 2010 SRC Packets

Enclosed are the June 2, 2010 SRC packets. Below is the contact information for the Records Officers who submitted schedules for review and approval by the committee.

- ACB: Jennifer Sciba – (360) 586-0952 or jennifers@cpaboard.wa.gov
- DFI: Pauline Yale – (360) 902-0502 or pyale@dfi.wa.gov
- DOH: Sid McAlpin – (360) 236-3911 or Sid.Mcalpin@doh.wa.gov
- DOL: Hannah Fultz – (360) 359-4013 or hfultz@dol.wa.gov
- L&I: Lysa Homan Walker – (360) 902-5777 or wlys235@lni.wa.gov
- LCB: Stacii McKeon – (360) 664-1693 or skm@liq.wa.gov
- Lottery: Bruce Eisentrout – (360) 664-4790 or beisentrout@walottery.com
- OSOS: Brenda Galarza – (360) 236-5040 or Brenda.galarza@sos.wa.gov
- UW: Barbara Benson – (206) 543-7950 or bbenson@u.washington.edu
- WSU: Ralph Jenks – (509) 335-2004 or jenks@wsu.edu

Please remember to cc: me at michele.mallery@sos.wa.gov on e-mails you send to the Records Officers so that I know to expect updated schedules.

If you have any questions please feel free to contact me at (360) 586-4901.

Michele Mallery
State Government Records Management Specialist
MEM



STATE OF WASHINGTON
STATE RECORDS COMMITTEE

Office of the State Auditor • Office of Financial Management • Office of the Attorney General • State Archives
PO Box 40238 • Olympia, Washington 98504-0238 • (360) 586-4900

June 2, 2010 – 1:30 pm
Archives Conference Room, Olympia, WA

AGENDA

I. ROUTINE ITEMS

- A. Call to Order
- B. Introduction of Guests
- C. Approve May 5, 2010 Minutes
- D. Adoption of Today's Agenda

II. WASHINGTON STATE ARCHIVES UPDATES

- A. Announcements from the State Archivist
- B. Update on Digitization After Destruction (DAD) applications

III. OLD BUSINESS

A. Tabled items from previous meetings:

1. Department of Licensing

Office 520, 523 – Driver Examining

Office 638 – Business & Professions – Cosmetology

Office 638, 611, 688, 685, 693, 666 – Business & Professions – Professional Licensing Support Services)

IV. NEW BUSINESS

A. State Agency Unique Records Retention Schedules

1. Washington State University

Office 3150 – Speech & Hearing Sciences

2. Board of Accountancy

Office 100 – Board of Accountancy

3. Department of Financial Institutions

Office 500 – Consumer Services Division

4. Washington State Lottery

Office 450 – Communications

5. Washington State Liquor Control Board

Office 435 – Distribution Center

6. Department of Health

Office 422 – Center for Health Statistics – Death with Dignity Act

7. Office of the Secretary of State

Office 270 – Legacy Projects

Office 400 - Elections

8. Department of Labor & Industries

Office 540 – Health Services Analysis (HSA)

Office 560 – Policy & Quality Coordination

Office 564 – Insurance Services – Policy & Coordination – Pension

Office 934 – Administrative Services – Financial Services/Legal Services -
Third Party.

9. University of Washington

Office Any Office

Office 08/09 – Facilities Services – Campus Engineering

Office 09/07 – Payroll

Office 27/11/04 – Med: Rehab Med: Residency Training Program

V. OTHER BUSINESS

VI. NEXT MEETING – 1:30 pm July 7, 2010

VII. ADJOURNMENT



STATE OF WASHINGTON
STATE RECORDS COMMITTEE

Office of the State Auditor • Office of Financial Management • Office of the Attorney General • State Archives

PO Box 40238 • Olympia, Washington 98504-0238 • (360) 586-4900

MEETING MINUTES
May 5, 2010 – 1:30 pm
Archives Conference Room, Olympia

Members Present: Steve Ryser (Office of the State Auditor); Traci Friedl (Office of the Attorney General); Mike Steenhout (Office of Financial Management); Jerry Handfield (State Archivist)

Staff Present: Russell Wood (State Records Manager); Michele Mallery (Records Management); Megan Bezzo (Records Management)

Records Officers/Guests: Millie Brombacher (Department of Social and Health Services); Lysa Homan Walker (Department of Labor and Industries); Cara Bell (University of Washington); Barbara Benson (University of Washington); Christine Taylor (University of Washington); Sid McAlpin (Department of Health); Anita Wieland (Office of Financial Management); Jack Day (Department of Labor & Industries); Laura Russell (Office of the Superintendent of Public Instruction); Tammy Lee (Department of Labor & Industries); Reasa Pearson (Department of Labor & Industries); Dawn Gast (Department of Labor & Industries); Bruce Eisentrout (Washington State Lottery); Mike Middleton (Office of the Superintendent of Public Instruction); Cathy Downs (Department of Transportation); Marta Carlo (Department of Transportation); Grant Heap (Department of Transportation); Sidse Neilson (Department of Labor & Industries).

I. ROUTINE BUSINESS

A. Call to Order: Steve Ryser called the meeting to order at 1:30 p.m.

B. Introduction of Records Officers/Guests: All Records Officers and guests were introduced.

C. Approve March 3, 2010 Minutes: Ryser called for a motion to approve the April 7, 2010 minutes; moved by Steenhout, seconded by Ryser.

Resolution: Motion carried.

D. Adoption of Today's Agenda: Ryser called for a motion to approve the agenda as amended; moved by Steenhout, seconded by Ryser.

Resolution: Motion carried.

II. WASHINGTON STATE ARCHIVES UPDATES

A. Announcements from the State Archivist

B. The State Archivist wanted to thank the committee for allowing him to phone in from the National Archives for the April meeting. The State archivist announced he toured the new exhibit at the National Visitors Center of the Congress. You no longer have to wait in long lines in the heat. The State Archivist was given a tour and asked where the exhibit was for the first President. The State Archivist asked the Committee if they knew who the first President of the United States was and it wasn't George Washington. The first President was Samuel Huntington. The State Archivist also asked if the committee members knew where the U.S Constitution is housed. It is housed at the

National Archives. He also asked who collects the electoral ballots. The State Archivist announced it is the Archivist of the United States. Usually it is the Secretary of State, but she is busy with other duties.

- C. The State Archivist presented an award to the Records Officer of the Department of Transportation for reducing the number of unique records retention schedules in their agency.
- D. The State Archivist reported on the budget and announced the Archives section will not employ furlough days to reduce the state budget. It has yet to be decided where the approximately \$120K cuts will come from. There currently is no intent for lay-offs. Agency Records Officers were not aware if their agencies would implement furloughs.
- E. The State Archivist mentioned the announcement regarding records maintained and preserved on digital copiers. It was sent out to about 1000 local government agencies as well as state government agencies. The Attorney General's Office and the State Archivist have received several calls regarding this. The State Archivist called the National Institute of Standards for advice. Agencies reported total panic in regards to the announcement. The Records Officers have received the announcement and should train and educate staff, as well as refer to the Washington State Archives for advice.
- F. The State Archivist met with a chief investigative television reporter from Portland Oregon who was doing a study on identity fraud and identity theft. The reporter's concern was Social Security Numbers contained within records. The State Archivist gave the reporter a tour of the Archives. The State Archivist recommended to the reporter that he should do a study on rural mail boxes, which are the main single source of identity theft. There is a report of complaints that are collected by the FTC on identity theft and identity fraud. It rates the states for highest in identity theft. Washington State was ranked 7th in identity theft and fraud in 2007 when the Digital Archives was just getting started. Washington State is now 15th. Clearly there is no connection between putting records online and adding to identity theft. 72 % all identity theft and identity fraud is by someone you know, have done business with, or someone in your home. The report should be televised in 2 weeks.
- G. The Northwest Archives branch in Bellingham had 2 researchers who did a presentation on "A Tale of Archives and Discovery".
- H. The State Records Manager has been working with the Governor's office regarding their retention schedules.
- I. The State Archivist provided an update on the new Imaging Manager and his status relating to his stroke. Baylen Limasa should return to work in early June.
- J. The State Archivist is trying to time his surgery to fix his nose so it doesn't interfere with the State Records Committee meetings.
- K. The State Archivist presented "Social Justice in Archives; you can't have one without the other". in King County. The State Archivist used examples from other countries and historical incidents. It brought home to the audience that in a democracy records are particularly important and totalitarian governments are used for other purposes.
- L. The State Archivist announced the large scale scanner is up and running.
- M. There was a question from the Office of Financial Management regarding the Schroll litigation hold that was recently lifted and how the records officers were to be handled and how the Records Center was going to handle this. The State Archivist and the State Records Manager had not heard anything, but the Department of Social and Health Services records officer announced that in the next few months the Records Center will be distributing a large report of the disposals for the Records Officers to sign off on.
- N. The State Archivist announced that St. Martins University has recently published a publication that is full of photographs from the Washington State Archives, from the Susan Parish collection.
- O. **Update on Digitization After Destruction (DAD) Applications:** Russell Wood there were two applications that were signed off in April from Local Government agencies. There are two applications from State Government agencies that are ready for approval. There are 10 applications (4 out of the 10 are from the University of Washington) from State Government agencies in the backlog pending approval.

III. OLD BUSINESS

A. Tabled item from March 3, 2010 meeting

- 1. Department Social and Health Services Office 765 (Child Study & Treatment Center)** dated March 11, 2010.

Action: Motion to approve: Friedl, seconded by Handfield.

Resolution: Motion carried.

- 2. Washington State University Office 2980 (Business Services – Sponsored Programs Services)** dated February 24, 2010.

Action: Motion to approve: Friedl; seconded by Handfield.

Resolution: Motion carried.

- 3. Department of Licensing Office 520, 523 (Driver Examining)** dated April 12, 2010

Action: Motion to table as no records officer present to clarify: Steenhout, seconded by Handfield.

Resolution: Motion carried.

- 3.a. Department of Licensing Office 611 (Business & Professions – Professional Athletes)** dated March 15, 2010

Action: Agency Requested to withdraw

Resolution: Motion carried.

- 3.b. Department of Licensing Office 638 (Business & Professions – Cosmetology)** dated March 12, 2010

Action: Motion to table as no records officer present to clarify. Steenhout; seconded by Handfield.

Resolution: Motion carried.

- 3.c. Department of Licensing Office 638, 611, 688, 685, 693, 666 (Business & Profession – Professional Licensing Support Services)** dated April 12, 2010

Action: Motion to table as no records officer present to clarify: Ryser; seconded by Steenhout.

Resolution: Motion carried.

IV. NEW BUSINESS

A. State Agency Unique Records Retention Schedule

- 1. Washington State Lottery**

Records Retention Schedule for Office 400 - Marketing, dated April 8, 2010.

Action: Motion to approve: Steenhout, seconded by Ryser.

Resolution: Motion carried.

- 2. Department of Natural Resources**

Records Retention Schedule for Office 608 – Public Land Survey Office, dated April 14, 2010.

Action: Motion to approve: Handfield, seconded by Steenhout.

Resolution: Motion carried.

- 3. Department of Social and Health Services**

Records Retention Schedule for Office 760 – Division of Behavioral Health and Recovery, Mental Health, dated April 15, 2010.

Action: Motion to approve: Friedl; seconded by Steenhout.

Resolution: Motion carried.

- 4. Office of the Superintendent of Public Instruction**

Records Retention Schedule for Office 530 – Assessment and Student Information, dated March 16, 2010.

Action: Motion to approve: Friedl; seconded by Ryser.

Resolution: Motion carried.

5. Washington State Patrol

Records Retention Schedule for Office 120 – Office of Professional Standards, dated April 1, 2010.

Action: Motion to approve: Friedl; seconded by Steenhout.

Resolution: Motion carried

6. Department of Transportation

Records Retention Schedule for Office 064 – Cartography & GIS, dated April 22, 2010.

Action: Motion to approve: Handfield; seconded by Steenhout.

Resolution: Motion carried.

7. Department of Licensing

Records Retention Schedule for 422 – Vehicle and Special Licensing, dated April 2, 2010.

Action: Motion to approve: Friedl; seconded by Handfield.

Resolution: Motion carried.

Records Retention Schedule for Office 651 – Engineers Board, dated April 2, 2010

Action: Motion to approve: Steenhout; seconded by Friedl.

Resolution: Motion carried.

8. Department of Labor & Industries

Records Retention Schedule for Office 485 – Specialty Compliance Services – Elevator Program, dated April 2, 2010

Action: Motion to approve: Friedl; seconded by Steenhout.

Resolution: Motion carried.

Records Retention Schedule for Office 495 – Prevailing Wage, dated April 14, 2010.

Action: Motion to approve: Friedl; seconded by Steenhout

Resolution: Motion carried.

Records Retention Schedule for Office 518 – Claims Administration – Return to Work Program –WorkSource Program, dated April 8, 2010

Action: Motion to approve: Steenhout; seconded by Friedl.

Resolution: Motion carried.

9. Department of Health

Records Retention Schedule for Office 417 – EH – Office of Shellfish & Water Protection, dated April 4, 2010

Action: Motion to approve: Ryser; seconded by Handfield.

Resolution: Motion carried.

Records Retention Schedule for Office 487 – CFH – Office of Maternal & Child Health, dated March 10, 2010.

Action: Motion to approve: Friedl; seconded by Handfield.

Resolution: Motion carried.

Records Retention Schedule for Office 0607 – HSQA – Adjudicative Services Unit, dated March 27, 2010

Action: Motion to approve: Friedl; seconded by Steenhout.

Resolution: Motion carried.

10. University of Washington

Records Retention Schedule for Office Any Office, dated April 5, 2010.

Action: Motion to table items 5 – 12: Ryser; seconded by Handfield. Motion to approve items 2 – 4 and 13: Steenhout; seconded by Friedl

Resolution: Motion carried.

Records Retention Schedule for Office 34/05/01 – EH&S: Radiation Safety, dated April 5, 2010.

Action: Motion to approve: Steenhout; seconded by Friedl.

Resolution: Motion carried.

V. OTHER BUSINESS

- A. Christine Taylor from the University of Washington School of Medicine wanted to publicly thank Megan Bezzo for her work on revising the Public Health Records Retention Schedule.

VI. NEXT MEETING

When: June 2, 2010 - 1:30pm

Where: Archives Conference Room, Archives and Records Building, Olympia.

VII. ADJOURNMENT

Action: Motion to adjourn: Handfield, seconded by Steenhout.

Resolution: Meeting adjourned 3:31 p.m.

CERTIFICATION OF MINUTES OF THE STATE RECORDS COMMITTEE MEETING:

I, Steve Ryser, Chair of the State Records Committee, certify that the above is a true and correct transcript of the minutes of a public meeting of the State Records Committee of the Secretary of State, Archives and Records Management Division, held in the State Archives Building conference room on May 5 2010 and that the public meeting was duly called and held in all respects in accordance with the laws of the State of Washington and that a quorum was present.

Chair Signature

Date

II. WASHINGTON STATE ARCHIVES UPDATES

A. Announcements from the State Archivist

II. WASHINGTON STATE ARCHIVES UPDATES

B. Update on Digitization of Destruction (DAD) Applications

III. OLD BUSINESS


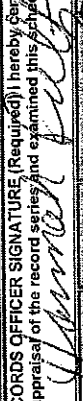
A.1 Tabled

Department of Licensing

Office 520, 523 (Driver Examining)

Action: Motion to table for further clarification of automated system; Ryser, seconded by Friedl

Resolution: Motion carried.

 Secretary of State <small>SAM REED</small>		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14				PAGE 1 OF 1 OFFICE NO. 520, 523	
AGENCY OFM NO. 240 ADDRESS (MS or Street, City and Zip Code) 48001, Olympia, 98504		AGENCY Licensing		OFFICE NAME Driver Examining		RECORDS COORDINATOR CONTACT NAME Katherine Stephens		OFFICE NO. 520, 523	
RECORDS OFFICER NAME Hannah Fultz		RECORDS OFFICER SIGNATURE (Required): I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy. 		RECORDS OFFICER PHONE NO. (360) 359-4013		DATE OF SUBMITTAL 5/17/10		360-902-3858	
STATUS/TITLE/DESCRIPTION X NEW <input type="checkbox"/> REVISED <input type="checkbox"/> DISCONTINUED <input type="checkbox"/> TRANSFER Title: DRIVER LICENSE AUTOMATED TESTING SYSTEM (ATS) Record series consists of audio tape recordings of oral driver knowledge test exams, and printed driver knowledge exams and answer sheets used by examinees who do not use the ATS conducted at Licensing Services Offices. This exam information is then entered into the ATS database by agency staff.		OP/FORM OFM		CUT-OFF When entered into ATS		RETENTION ACTIVE (Months in Office) 6 Mo.		INACTIVE (Months in Records Center) 0	
TOTAL (Years) 6 Mo.		DISPOSITION AUTHORITY NO. (DAN) 10-06-62248		ARCHIVAL DESIGNATION/REMARKS		1		360-902-3858	

Revision No. / Statement

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR		FOR THE OFFICE OF FINANCIAL MANAGEMENT	
FOR THE ATTORNEY GENERAL		FOR THE STATE ARCHIVIST	
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total); series discontinued and replaced by the State General Schedules; and office transfers		FOR RECORDS MANAGEMENT STAFF	


III. OLD BUSINESS

A.1.a Tabled

Department of Licensing Office 638 (Business & Professions – Cosmetology)

Action: Motion to table to clarify, committee did not have all schedules to review.
Steenhout, seconded by Friedl.



Resolution: Motion carried.

 Washington Secretary of State SAM DEED		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14				PAGE OF 		OFFICE NO. 638	
AGENCY OFM NO. 240		AGENCY Licensing		OFFICE NAME Business and Professions - Cosmetology				RECORDS COORDINATOR CONTACT NAME Cameron Dalmas		RECORDS COORDINATOR PHONE NO. (360) 664-6643	
ADDRESS (MS or Street, City and Zip Code) MS: 48026		RECORDS OFFICER NAME Hannah Fultz		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy. <i>Hannah Fultz</i>				RECORDS OFFICER PHONE NO. (360) 359-4013		DATE OF SUBMITTAL 5/17/10	

ITEM NO.	STATUS: TITLE/DESCRIPTION	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER	OPRIOR	CUT-OFF	RETENTION			DISPOSITION AUTHORITY (NO. / DAN)	ARCHIVAL DESIGNATION/REMARKS
					ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)		
	☒ COSMETOLOGY/MANICURIST/ESTHETICIAN/BARBER ADVISORY BOARD MEMBER FILES Provides a record of board member information. Including but not limited to board member applications, résumés, letters of reference, correspondence, oath of office, copies of W-4, copies of travel vouchers.		OFM	Last Date of Service on Board	12 months	60 months	6 years	10-06-62249	

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR		FOR THE OFFICE OF FINANCIAL MANAGEMENT	
FOR THE ATTORNEY GENERAL		FOR THE STATE ARCHIVIST	
FOR THE RECORDS MANAGEMENT STAFF		FOR RECORDS MANAGEMENT STAFF	

AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title, description, increase in Records Center retention, reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers



 Washington Secretary of State <small>SAVED</small>		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14	
Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		OFFICE NAME Business and Professions – Cosmetology	
AGENCY OFM NO. 240	AGENCY Licensing	OFFICE NO. 638	RECORDS COORDINATOR PHONE NO. (360) 664-6643
ADDRESS (MS or Street, City and Zip Code) MS: 48026		RECORDS COORDINATOR CONTACT NAME Cameron Dalmas	
RECORDS OFFICER NAME Hannah Fultz		RECORDS OFFICER PHONE NO. (360) 359-4013	
RECORDS OFFICER SIGNATURE (Required) / I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy. 		DATE OF SUBMITTAL 5/17/10	

ITEM NO.	STATUS / TITLE / DESCRIPTION	OP/ORN	CUT-OFF	RETENTION			DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
				ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)		
	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: COSMETOLOGY INACTIVE LICENSE STATUS REQUEST Provides application to put a license on inactive status up to 6 years. Record series includes but is not limited to application for inactive status, confirmation letter, and validation of transaction.	OPR	Date of Request	24 months	48 months	6 years	10-06-62250	

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title/description, increase in Records Center retention/reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers		FOR RECORDS MANAGEMENT STAFF	

 Washington Secretary of State <small>SAM NEED</small>		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901	
AGENCY OFM NO.	AGENCY	OFFICE NAME		PAGE	OF
240	Licensing	Business and Professions – Cosmetology		638	
ADDRESS (MS or Street, City and Zip Code)		RECORDS COORDINATOR CONTACT NAME		RECORDS COORDINATOR PHONE NO.	
MS: 48026		Cameron Dalmas		(360) 664-6643	
RECORDS OFFICER NAME		RECORDS OFFICER PHONE NO.		DATE OF SUBMITTAL	
Hannah Fultz		(360) 359-4013		5/17/10	
RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy.					
STATUS: TITLE/DESCRIPTION <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: COSMETOLOGY EXAMINATION DEVELOPMENT Provides a record of examinations, including but not limited to test questions, and exam development records.		RETENTION		DISPOSITION/ AUTHORITY (NO. (DAN))	ARCHIVAL DESIGNATION/REMARKS
		ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)	
OFM		0	0	0 years	10-06-62251
When Superseded					

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE STATE ARCHIVIST	
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title/description, increase in Records Center retention/reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers			
		FOR RECORDS MANAGEMENT STAFF	

 Secretary of State <small>SAM REED</small>		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14				PAGE OF 	
AGENCY OFM NO. 240		AGENCY Licensing		OFFICE NAME Business and Professions – Cosmetology				OFFICE NO. 638	
ADDRESS (MS or Street, City and Zip Code) MS: 48026		RECORDS COORDINATOR CONTACT NAME Cameron Dalmas		RECORDS COORDINATOR PHONE NO. (360) 664-6643				DATE OF SUBMITTAL 5/17/10	
RECORDS OFFICER NAME Hannah Fultz		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy. 		RECORDS OFFICER PHONE NO. (360) 359-4013					
ITEM NO.	STATUS/TITLE/DESCRIPTION	OPR/OFM	CUT-OFF	RETENTION		DISPOSITION AUTHORITY (NO. (DAN))	ARCHIVAL DESIGNATION/REMARKS		
	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: COSMETOLOGY SCHOOL FILE Provides a record of a cosmetology, barber, manicure or esthetic school application documentation. Record series includes but is not limited to school application, floor plans, bond, correspondence, renewals.			ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)			
		OPR	Date no longer active	12 months	60 months	6 years	10-06-62252		

STATE RECORDS COMMITTEE/RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title/description, increase in Records Center retention/reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules and office transfers.		FOR RECORDS MANAGEMENT STAFF	

III. OLD BUSINESS


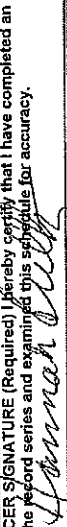
A.1.b Tabled

Department of Licensing



Office 638, 611, 688, 685, 693, 666 (Business & Professions –Professional Licensing Support Services)

Action: Motion to table items “Child Support Suspensions” and “Student Loan Default Suspensions” to combine into one series, “Professional License Suspensions” Ryser, seconded by Steenhout.

Resolution: Motion carried.

 Secretary of State <small>SAM NEED</small>		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14				PAGE OF
AGENCY OFM NO. 240	AGENCY Licensing	OFFICE NAME Business & Professions-Professional Licensing Support Services		OFFICE NO. 638, 611, 688, 685, 693, 667		RECORDS COORDINATOR PHONE NO. 360 664-6643		
ADDRESS (MS or Street, City and Zip Code) 48051, 405 Black Lake Boulevard S.W., Olympia, 98502		RECORDS COORDINATOR CONTACT NAME Cameron Dalmas		RECORDS OFFICER PHONE NO. (360) 359-4013		DATE OF SUBMITTAL 5/17/10		
RECORDS OFFICER NAME Hannah Fultz		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy. 		DISPOSITION AUTHORITY NO. (DAN) 		ARCHIVAL DESIGNATION/REMARKS 		
ITEM NO.	STATUS/TITLE/DESCRIPTION <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> DISCONTINUED <input type="checkbox"/> TRANSFER Title: PROFESSIONAL LICENSE SUSPENSIONS Provides documentation for suspension of a professional license due to non compliance with child support payments (RCW 18.16.240), or due to non-compliance with student loan payments (RCW 18.16.230). Record series includes but is not limited to Notice of Suspension from the Department of Social and Health Services (DSHS) directing Department of Licensing (DOL) to suspend, notification of student loan payment default from a lending agency, letters of license suspension to licensees from DOL, release of suspension letter, resolution notices, and supporting documents.	CUT-OFF 	RETENTION ACTIVE (Months in Office) INACTIVE (Months in Records Center) TOTAL (Years)	12 months 0 1 year	10-06-62254			
	OFM Date of Resolution							
Revision No. / Statement:								

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work	DATE OF ACTION:		
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description / increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers		FOR RECORDS MANAGEMENT STAFF	

 Secretary of State SAM REED		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14			
AGENCY OFM NO. 240		AGENCY Licensing		OFFICE NAME Business and Professions - Cosmetology			
ADDRESS (MS or Street, City and Zip Code) MS: 48026		RECORDS OFFICER NAME Hannah Fultz		RECORDS COORDINATOR CONTACT NAME Cameron Dalmas		RECORDS COORDINATOR PHONE NO. (360) 664-6643	
RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy. 		RECORDS OFFICER PHONE NO. (360) 359-4013		DATE OF SUBMITTAL 5/17/10		OFFICE NO. 638	
ITEM NO.	STATUS / TITLE / DESCRIPTION	OP/ORN	CUT-OFF	RETENTION	DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS	
	<input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> DISCONTINUED <input type="checkbox"/> TRANSFER Title: COSMETOLOGY/MANICURIST/ESTHETICIAN/BARBER ADVISORY BOARD MEETING INFORMATION Provides a record of board meeting minutes and associated documentation of meeting including but not limited to recordings, agendas, minutes, meeting materials. Revision No. / Statement: Revision 3 changes the title from Cosmetology/Manicurist/Esthetician/Barber/Instructor Board Minutes to Cosmetology/Manicurist/Esthetician/Barber Advisory Board Meeting Information, changes the description to more accurately reflect series contents, changes from OFM, and changes the cutoff from Monthly to Date of Board Meeting.	OPR	Date of Board Meeting	ACTIVE (Months in Office) 12 months INACTIVE (Months in Records Center) 60 months TOTAL (Years) 6 years	81-10-29085 Rev. 3	ARCHIVAL	

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description / increase in Records Center retention / reduction in office retention (no change to total); series discontinued and replaced by the State General Schedules and office transfers		FOR RECORDS MANAGEMENT STAFF	

III. OLD BUSINESS

A.2 Tabled

University of Washington

Any Office

Action: Motion to table items # 5-12 for further clarification. Ryser, seconded by Handfield.

Resolution: Motion carried.



About OMB | President's Budget | Management | Information & Regulatory Affairs | Legislative Information | Intellectual Property | Agency Information

AGENCY INFORMATION

Bulletins

Circulars

Memoranda

Privacy Guidance

Reports

OMB HOME · AGENCY INFORMATION · CIRCULARS

Print

CIRCULAR A-110 REVISED 11/19/93 As Further Amended 9/30/99

TO THE HEADS OF EXECUTIVE DEPARTMENTS AND ESTABLISHMENTS

SEARCH

SUBJECT: Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations

1. **Purpose.** This Circular sets forth standards for obtaining consistency and uniformity among Federal agencies in the administration of grants to and agreements with institutions of higher education, hospitals, and other non-profit organizations.

2. **Authority.** Circular A-110 is issued under the authority of 31 U.S.C. 503 (the Chief Financial Officers Act), 31 U.S.C. 1111, 41 U.S.C. 405 (the Office of Federal Procurement Policy Act), Reorganization Plan No. 2 of 1970, and E.O. 11541 ("Prescribing the Duties of the Office of Management and Budget and the Domestic Policy Council in the Executive Office of the President").

3. **Policy.** Except as provided herein, the standards set forth in this Circular are applicable to all Federal agencies. If any statute specifically prescribes policies or specific requirements that differ from the standards provided herein, the provisions of the statute shall govern.

The provisions of the sections of this Circular shall be applied by Federal agencies to recipients. Recipients shall apply the provisions of this Circular to subrecipients performing substantive work under grants and agreements that are passed through or awarded by the primary recipient, if such subrecipients are organizations described in paragraph 1.

This Circular does not apply to grants, contracts, or other agreements between the Federal Government and units of State or local governments covered by OMB Circular A-102, "Grants and Cooperative Agreements with State and Local Governments," and the Federal agencies' grants management common rule which standardized and codified the administrative requirements Federal agencies impose on State and local grantees. In addition, subawards and contracts to State or local governments are not covered by this Circular. However, this Circular applies to subawards made by State and local governments to organizations covered by this Circular. Federal agencies may apply the provisions of this Circular to commercial organizations, foreign governments, organizations under the jurisdiction of foreign governments, and international organizations.

4. **Definitions.** Definitions of key terms used in this Circular are contained in Section ____2 in the Attachment.

5. **Required Action.** The specific requirements and responsibilities of Federal agencies and institutions of higher education, hospitals, and other non-profit organizations are set forth in this Circular. Federal agencies responsible for awarding and administering grants to and other agreements with organizations described in paragraph 1 shall adopt the language in the Circular unless different provisions are required by Federal statute or are approved by OMB.

6. **OMB Responsibilities.** OMB will review agency regulations and implementation of this Circular, and will provide interpretations of policy requirements and assistance to insure effective and efficient implementation. Any exceptions will be subject to approval by OMB, as indicated in Section ____4 in the Attachment. Exceptions will only be made in particular cases where adequate justification is presented.

7. **Information Contact.** Further information concerning this Circular may be obtained by contacting the Office of Federal Financial Management, Office of Management and Budget, Washington, DC 20503, telephone (202) 395-3993.

8. **Termination Review Date.** This Circular will have a policy review three years from date of issuance.

exempted from disclosure pursuant to the Freedom of Information Act (5 U.S.C. 552) if the records had belonged to the Federal awarding agency.

(g) Indirect cost rate proposals, cost allocations plans, etc. Paragraphs (g)(1) and (g)(2) apply to the following types of documents, and their supporting records: indirect cost rate computations or proposals, cost allocation plans, and any similar accounting computations of the rate at which a particular group of costs is chargeable (such as computer usage chargeback rates or composite fringe benefit rates).

(1) If submitted for negotiation. If the recipient submits to the Federal awarding agency or the subrecipient submits to the recipient the proposal, plan, or other computation to form the basis for negotiation of the rate, then the 3-year retention period for its supporting records starts on the date of such submission.

(2) If not submitted for negotiation. If the recipient is not required to submit to the Federal awarding agency or the subrecipient is not required to submit to the recipient the proposal, plan, or other computation for negotiation purposes, then the 3-year retention period for the proposal, plan, or other computation and its supporting records starts at the end of the fiscal year (or other accounting period) covered by the proposal, plan, or other computation.

____.53 Retention and access requirements for records.

(a) This section sets forth requirements for record retention and access to records for awards to recipients. Federal awarding agencies shall not impose any other record retention or access requirements upon recipients.

(b) Financial records, supporting documents, statistical records, and all other records pertinent to an award shall be retained for a period of three years from the date of submission of the final expenditure report or, for awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report, as authorized by the Federal awarding agency. The only exceptions are the following.

(1) If any litigation, claim, or audit is started before the expiration of the 3-year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved and final action taken.

(2) Records for real property and equipment acquired with Federal funds shall be retained for 3 years after final disposition.

(3) When records are transferred to or maintained by the Federal awarding agency, the 3-year retention requirement is not applicable to the recipient.

(4) Indirect cost rate proposals, cost allocations plans, etc. as specified in paragraph _____.53(g).

(c) Copies of original records may be substituted for the original records if authorized by the Federal awarding agency.

(d) The Federal awarding agency shall request transfer of certain records to its custody from recipients when it determines that the records possess long term retention value. However, in order to avoid duplicate recordkeeping, a Federal awarding agency may make arrangements for recipients to retain any records that are continuously needed for joint use.

(e) The Federal awarding agency, the Inspector General, Comptroller General of the United States, or any of their duly authorized representatives, have the right of timely and unrestricted access to any books, documents, papers, or other records of recipients that are pertinent to the awards, in order to make audits, examinations, excerpts, transcripts and copies of such documents. This right also includes timely and reasonable access to a recipient's personnel for the purpose of interview and discussion related to such documents. The rights of access in this paragraph are not limited to the required retention period, but shall last as long as records are retained.

(f) Unless required by statute, no Federal awarding agency shall place restrictions on recipients that limit public access to the records of recipients that are pertinent to an award, except when the Federal awarding agency can demonstrate that such records shall be kept confidential and would have been

Mallery, Michele

From: Barbara Benson [bbenson@u.washington.edu]
Sent: Thursday, April 01, 2010 4:30 PM
To: Mallery, Michele
Subject: FW: Any Office re-check

And I just sent this to myself....here you go😊

Barbara Benson, Director
Records Management Services
University Records Officer
(206) 543-7950
Box 354910
www.washington.edu/admin/recmgt

From: Barbara Benson
Sent: Thursday, April 01, 2010 4:14 PM
To: Barbara Benson
Subject: RE: Any Office re-check

Hi Michele:

I think we got it for everything but maybe #10. I'm totally confused on that one, my descriptions seem to match. Lets talk about it tomorrow.

So to cut to the chase, I'm emailing the revised submission.

And I'm faxing you the approved schedule copy for #6.

Barb

Barbara Benson, Director
Records Management Services
University Records Officer
(206) 543-7950
Box 354910
www.washington.edu/admin/recmgt

From: Barbara Benson
Sent: Friday, March 26, 2010 11:49 AM
To: 'Mallery, Michele'
Subject: RE: Any Office re-check

Hi Michele, this is turning into a rainbow😊 I'll respond in another color.....lets go for purple....

Bottom line, I think we got it. I'll send you the revised submissions right now.

Barb

Barbara Benson, Director
Records Management Services

University Records Officer
(206) 543-7950
Box 354910
www.washington.edu/admin/recmgt

From: Mallery, Michele [mailto:michele.mallery@sos.wa.gov]
Sent: Wednesday, March 24, 2010 12:27 PM
To: Barbara Benson
Subject: Any Office re-check

Barb,
I have finally had a chance to review the email you submitted and compare to what we now have (thank you for the copies!).

I'll respond in Blue next to your responses. Once I receive a response/corrections, I will then assign the NEW DAN's.

Thank you again for being patient with our office!

Barb,

I am writing to you on behalf of the Washington State Archivist and would like to thank you for submitting the records retention schedules for the University of Washington Office Any Office dated March 15, 2010 which was received and reviewed by the Records Management Office on March 16, 2010.

I have reviewed the submitted schedule for Office Any Office and request the following corrections:
For Items # 1 and 2 – Same retention, why not just one schedule? There really isn't a distinction between the two in the revision statements and/or titles
The goal here is to have the same retention period for issuing and receiving offices. The entry on the General Schedule is only listed once, but the copy holders are broken down into issuing and receiving, which is why we need the approval of the SRC on both copy holders....to get them to match.

So you are exactly right, there is only one series on the General Schedule. This is what it currently looks like:

Billing Source Documents for Grants/Contracts: Documentation used by UW Recharge/Cost/Service Centers to prepare Cost Transfer Invoices (CTIs), Internal Sales Documents (ISDs), recharge documents, journal vouchers, or invoices for the purpose of charging other budgets or non-UW entities for services or supplies. May describe in greater detail than billing document the service or supplies provided. May include work orders, service requests, logs of goods/services provided, etc.

Official Copy: Any Issuing Office
Retention: 6 years after end of month
Disposition Method: Recycle

Other Copy: Any Receiving Office
Retention: 3 years after submission of final expenditure report
Disposition Method: Recycle

- I think to clarify this for the committee, if you could put in the revision statement for both, which is the primary copy and which is the secondary/other copy

I had the same thought and did include language to that effect. I'll send you another copy with additional language and that part highlighted so its very clear.

3 –This is for the secondary copy correct?

Exactly so - Just making sure!

4 – The description per schedule dated 06/01 is "Records of financial transactions on federal grants and contracts" It does not have "Including non FEC cost share documentation". After Packing slips the description is missing "From UW Store/Corporate Express" "Memo to Request an advance notice, etc (etc is missing). Does not have non-ProCard credit card slips, eProcurement invoices, or ProCard credit card statements". Retention is from 6 yrs to 3 yrs.

We revised the description between 06/01 and today. Don't know why you don't have a copy. Would you like me to make it a description revision as well? – Yes, since the description changed, please mention in revision statement. I also noticed from the copy you sent that it was OPR and this schedule has it as OFM, but nothing noted in the revision statement.

I'll take care of the language change.

I'm going to cut and paste the entry from the General Schedule to explain what happened here with OPR and OFM. This is a situation just like the Billing Source Documents. We use one description, but various offices have the official copy and some offices have secondary copies. When we revised the description, we did it once, for the OPR copy. However, the description applies to all copies....both OPR and OFM.

In this particular case, it's the OFM copy that we are revising, which is why the series I submitted is identified as OFM, not OPR.

Financial Records for Grants/Contracts: Records of financial transactions on grants and contracts including non-FEC (Faculty Effort Certification) cost share documentation. May include Budget Activity Reports (BARs), Budget Status Reports (BSRs), Cash Transmittals, Cost Transfer Invoices (CTIs), Journal Vouchers (JVs), vendor invoices, Purchase Requisitions, travel records, packing slips from Corporate Express, financial statements and reports of expenditures to sponsoring agencies, Requests for Authorized Recharges, Requests to Transfer Expenditures, Requests for Reverse Expenditures, TRANSPASU form, Memo to Request an Advance Notice, non-ProCard credit card slips, eProcurement invoices, or ProCard credit card statements.

Official Copy: Financial Services -- Paper CTIs/ISDs, Cash Transmittals, Vendor Invoices, Invoice Vouchers, Per Diem Advance Requests, Travel Expense Vouchers

Retention: 6 years after end of month

Disposition Method: Recycle

Official Copy: e-Commerce -- eCommerce invoices

Retention: 6 years after end of month

Disposition Method: Recycle

Official Copy: Grant and Contract Accounting -- Journal Vouchers, Expenditure Reports to sponsoring agencies, Requests for Authorized Recharges, Requests for Reverse Expenditures, Requests to Transfer Expenditures, BARs/BSRs, Cash Transmittals, Memo to Request Advance Notice
Retention: 6 years plus 90 days after submission of final expenditure report
Disposition Method: Recycle

Official Copy: Purchasing -- Purchasing records
Retention: 6 years after file closed
Disposition Method: Recycle

Official Copy: eCommerce -- ProCard
Retention: 6 years after end of month
Disposition Method: Shred

Other Copy: College/School or Department
Retention: BAR/BSR/BSSR considered a duplicate; may be disposed of once they have served their reference purpose if not used for oversight or reconciliation activity
Retention: All other records; 3 years after submission of final expenditure report
Disposition Method: Recycle

5 – Unable to locate in GS 7. I was able to locate Packing slips in GS 6, but not the same title. Do you have an approved copy you can send?

At the time, we were told by your office to use the same DAN since the series were identical except for the title. You'll remember the meeting you Russell, Andrea and I had a few years ago that covered this. For that reason I think of it as a revision, would you prefer I add it as a "New" series instead? – Since we are issuing DAN's for the UW's GS, let's go ahead and treat this as a NEW and I will assign a new DAN.

Terrific!

6 – Per schedule dated 12/99 the retention is 3 yrs not 6 yrs

We revised this not too long ago. Would you like me to send you the signed, revised schedule? - Thank you for sending a copy. The cut off was "Submission of Final Expenditure Report" not "Termination of Funding Period" (per copy of schedule sent).

I must have sent you the wrong copy.....the approved revision I have in front of me says Termination of Funding Period. I'll send it along by fax this afternoon. In fact, I just figured out what happened. We revised this series twice in 2005. The 2nd and final approved revision has Term of Funding Period as the cut-off. It's the only series on the page and what I'm faxing now.

The first time we revised the series in 2005, the series was on the same page as #12, with the same cut-off. I think that confused both of us. For #12 you are right about the cut-off and I'll send you a corrected submission.

7 – Per schedule dated 12/99 the retention is 3 yrs not 6 yrs. The description is missing after May include: "...supplemental time records (timesheets) to either the Form 220 or the PTR/ETR, etc.

Again, revised a few years ago. Would you like me to send you the signed, revised schedule? – Thank you for sending a copy of this. No errors

9 – This is for the secondary copy correct?
Absolutely correct. – Just making sure.

10 – I have found in GS 06 – schedule dated 10/10/05 but do not have anything/retention for the secondary copy

This is actually the primary official copy, not the secondary. You should have something approved for it in section 07. – Ok.. for this one, the description is missing after Invoices received, and **confirmation of receipt of goods, such as**", the cut off is End of Month, Not Termination of Funding Period. (per copy of schedule sent)

Now I'm confused. That's not how the copy I have in my hand is reading. I'll call you about this one tomorrow.

11- This is for the secondary copy correct?

Absolutely correct – Just making sure.

12 – Per schedule dated 10/94 – The cut off is "After Date of Request". Description is "Requests routed within a department for internal approval of purchases prior to generation of a purchase requisition. May include correspondence or internal forms. (I located this in GS 06, not 07)

Again, there should certainly be a revised version with signatures in your file. Would you like my copy? - The Cut off is Submission of Final Expenditure Report, not Termination of Funding Period. (per copy of schedule sent).

I'll take care of it....see #6

Please make the requested corrections and re-submit an electronic copy for review. Once corrected, I will assign NEW DAN's.

In the meantime, if you have any questions on the status of this schedule, please don't hesitate to contact me by email or telephone (360) 586-4901.

So I'll wait to hear back from you before I make any changes or send anything to you. I'm figuring we missed the April meeting, so May agenda here we come.

Let me know how you'd like me to handle all this.
Barbara

*Best Regards,
Michele Mallery*

State Government Records Management Specialist

*Washington State Archives
Office of the Secretary of State
1129 Washington Street SE; MS: 40238
Olympia, WA 98504*

[Please note new email address] *Michele.Mallery@sos.wa.gov*

Phone: 360-586-4901

Fax: 360-586-0368

To receive updates on records management advice, records retention schedules and training, click on the following link:

http://www.sos.wa.gov/archives/RecordsManagement/records_state.aspx

Learn more about the Washington State Archives

[Review the State Records Committee Minutes](#)

[Review the Local Records Committee Minutes](#)

From: Barbara Benson [mailto:bbenson@u.washington.edu]

Sent: Tuesday, March 16, 2010 8:30 AM

To: Mallery, Michele

Subject: RE: record series for SRC review

Hi Michele:

I would truly love DANs for the UW GS numbers. Please do feel free to assign them. I wanted to give you what we had in the hopes of making it easier to look up the last revision. I'm ready for anything that comes up ☺ barb

Barbara Benson, Director

Records Management Services

University Records Officer

(206) 543-7950

Box 354910

www.washington.edu/admin/recmgt

From: Mallery, Michele [mailto:michele.mallery@sos.wa.gov]

Sent: Tuesday, March 16, 2010 8:03 AM

To: Barbara Benson

Subject: RE: record series for SRC review

Barb,

Just a quick question before I dig into these..... Shouldn't we assign a DAN to the UW GS numbers? I thought that's what we decided? Let me know! I will start checking these in a minute compared to what I have in the drawer and I will let you know if any corrections are needed.

Best Regards,

Michele Mallery

State Government Records Management Specialist

Washington State Archives

Office of the Secretary of State

1129 Washington Street SE; MS: 40238

Olympia, WA 98504

[Please note new email address] *Michele.Mallery@sos.wa.gov*

Phone: 360-586-4901

Fax: 360-586-0368

To receive updates on records management advice, records retention schedules and training, click on the following link:

http://www.sos.wa.gov/archives/RecordsManagement/records_state.aspx

Learn more about the Washington State Archives

[Review the State Records Committee Minutes](#)

[Review the Local Records Committee Minutes](#)

From: Barbara Benson [mailto:bbenson@u.washington.edu]

Sent: Monday, March 15, 2010 4:47 PM

To: Mallery, Michele

Subject: record series for SRC review

Hi Michele:

Attached are 13 record series for SRC review. I'd like to get them in for the April SRC meeting if that's at all possible, but if you can't I'll let the process owner know.

The first 12 series are revisions and the 13th is a new series. These are all record series found in Section 07 of our General Records Retention Schedule. They apply to any office at the UW who has a federal grant or contract. You can see the series as they currently exist at: <http://f2.washington.edu/fm/recmgt/retentionschedules/gs/general/uwgs7>

At the request of our Grant and Contract Accounting Office who is the process owner for these records, we are requesting approval for these series. GCA feels strongly we should be in exact compliance with the Federal government rules regarding the management of financial records relating to grants and contracts. The Feds don't see a difference between OFM and OPR, so you'll notice that all these series have the same cut-off and same retention regardless of whether they are OFM or OPR.

This is a major overhaul of the financial records in section 07 of our retention schedule.

If you have any questions, please just email me directly. I know this is a controversial and complicated revision and I think it will be easier if I just handle it myself rather than delegate it to Andrea like usual.

I'm also including the Federal rules that we cite as the reason for this revision so the SRC can look at the language we are trying to be in compliance with. These rules are written by the Office of Management of Budget and apply specifically to Higher Education, Hospitals and Non-Profits. If you want to see the whole document, here is the link:

http://www.whitehouse.gov/omb/circulars_a110/

The section that we are citing is below. I bolded the bit that refers to us. All our awards are renewed quarterly or most often annually.

Happy to answer any questions that may arise.

Take care, Barb

.....53 Retention and access requirements for records.

(a) This section sets forth requirements for record retention and access to records for awards to recipients. Federal awarding agencies shall not impose any other record retention or access requirements upon recipients.

(b) Financial records, supporting documents, statistical records, and all other records pertinent to an award shall be retained for a period of three years from the date of submission of the final expenditure report or, for awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report, as authorized by the Federal awarding agency. The only exceptions are the following.

(1) If any litigation, claim, or audit is started before the expiration of the 3-year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved and final action taken.

(2) Records for real property and equipment acquired with Federal funds shall be retained for 3 years after final disposition.

(3) When records are transferred to or maintained by the Federal awarding agency, the 3-year retention requirement is not applicable to the recipient.

(4) Indirect cost rate proposals, cost allocations plans, etc. as specified in paragraph ____53(g).

(c) Copies of original records may be substituted for the original records if authorized by the Federal awarding agency.

(d) The Federal awarding agency shall request transfer of certain records to its custody from recipients when it determines that the records possess long term retention value. However, in order to avoid duplicate recordkeeping, a Federal awarding agency may make arrangements for recipients to retain any records that are continuously needed for joint use.

(e) The Federal awarding agency, the Inspector General, Comptroller General of the United States, or any of their duly authorized representatives, have the right of timely and unrestricted access to any books, documents, papers, or other records of recipients that are pertinent to the awards, in order to make audits, examinations, excerpts, transcripts and copies of such documents. This right also includes timely and reasonable access to a recipient's personnel for the purpose of interview and discussion related to such documents. The rights of access in this paragraph are not limited to the required retention period, but shall last as long as records are retained.

(f) Unless required by statute, no Federal awarding agency shall place restrictions on recipients that limit public access to the records of recipients that are pertinent to an award, except when the Federal awarding agency can demonstrate that such records shall be kept confidential and would have been exempted from disclosure pursuant to the Freedom of Information Act (5 U.S.C. 552) if the records had belonged to the Federal awarding agency.

(g) Indirect cost rate proposals, cost allocations plans, etc. Paragraphs (g)(1) and (g)(2) apply to the following types of documents, and their supporting records: indirect cost rate computations or proposals, cost allocation plans, and any similar accounting computations of the rate at which a particular group of costs is chargeable (such as computer usage chargeback rates or composite fringe benefit rates).

(1) If submitted for negotiation. If the recipient submits to the Federal awarding agency or the subrecipient submits to the recipient the proposal, plan, or other computation to form the basis for negotiation of the rate, then the 3-year retention period for its supporting records starts on the date of such submission.

(2) If not submitted for negotiation. If the recipient is not required to submit to the Federal awarding agency or the subrecipient is not required to submit to the recipient the proposal, plan, or other computation for negotiation purposes, then the 3-year retention period for the proposal, plan, or other computation and its supporting records starts at the end of the fiscal year (or other accounting period) covered by the proposal, plan, or other computation

University Records Officer
(206) 543-7950
Box 354910
www.washington.edu/admin/recmgt

Best Regards,
Michele Mallery
State Government Records Management Specialist
Washington State Archives
Office of the Secretary of State
1129 Washington Street SE; MS: 40238
Olympia, WA 98504

[Please note new email address] *Michele.Mallery@sos.wa.gov*
Phone: 360-586-4901
Fax: 360-586-0368

To receive updates on records management advice, records retention schedules and training, click on the following link:


http://www.sos.wa.gov/archives/RecordsManagement/records_state.aspx

Learn more about the Washington State Archives



Review [the State Records Committee Minutes](#)

Review [the Local Records Committee Minutes](#)


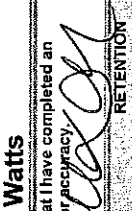
}

 Secretary of State <small>SAN LUKE</small>		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14																															
AGENCY OFM NO. _____		AGENCY NAME University of Washington		OFFICE NAME Any office																															
ADDRESS (MS or Street, City and Zip Code) Box 354910		RECORDS COORDINATOR CONTACT NAME Andrea Watts		RECORDS COORDINATOR PHONE NO. 543-0573																															
RECORDS OFFICER NAME Barbara Benson		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and retaining this schedule for authority. <i>[Signature]</i>		RECORDS OFFICER PHONE NO. 543-7950																															
DATE OF SUBMITTAL April 5, 2010																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">ITEM NO.</th> <th rowspan="2">STATUS / TITLE / DESCRIPTION</th> <th rowspan="2">OPR/OFM</th> <th rowspan="2">CUT-OFF</th> <th colspan="3">RETENTION</th> <th rowspan="2">DISPOSITION AUTHORITY NO. (DAN)</th> <th rowspan="2">ARCHIVAL DESIGNATION/REMARKS</th> </tr> <tr> <th>ACTIVE (Months in Office)</th> <th>INACTIVE (Months in Records Center)</th> <th>TOTAL (Years)</th> </tr> </thead> <tbody> <tr> <td>9</td> <td> <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: Positive Time Reports (PTR) A record certifying the number of hours worked by each hourly and student employee on a particular budget during a particular pay period. Revision No. / Statement - This revision is for the copy held by the College/School or Department who receives a "End of grant/contract. This revision changes the cut-off from "End of Month". The revision brings these documents into compliance with OMB Circular A-110. These revisions are made with the full approval of the UW Office of Internal Audit and Research Accounting and Analysis: Grant and Contract Accounting Office. The Payroll Office is responsible for the OPR copy of these records.. </td> <td>OFM</td> <td>Submission of Financial Status Report</td> <td>0</td> <td>36</td> <td>3</td> <td>10-05-62189</td> <td><i>[Crossed out]</i></td> </tr> <tr> <td>10</td> <td> <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: ProCard Approvals Provides a record of Procurement Card (ProCard) transaction approval, reconciliation, and receipt of goods or equipment. Includes reviewed and signed Transaction Detail Report, invoices received, and packing slips. Revision No. / Statement - This revision is for the copy held by the College/School or Department who receives a grant/contract. This revision changes the cut-off from "Termination of Funding Period", and reduces the retention period from 6 years. The revision brings these documents into compliance with OMB Circular A-110 which is attached. These revisions are made with the full approval of the UW Office of Internal Audit and Research Accounting and Analysis: Grant and Contract Accounting Office. </td> <td>OPR</td> <td>Submission of Financial Status Report</td> <td>0</td> <td>36</td> <td>3</td> <td>10-05-62190</td> <td>10-06-62241</td> </tr> </tbody> </table>						ITEM NO.	STATUS / TITLE / DESCRIPTION	OPR/OFM	CUT-OFF	RETENTION			DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS	ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)	9	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: Positive Time Reports (PTR) A record certifying the number of hours worked by each hourly and student employee on a particular budget during a particular pay period. Revision No. / Statement - This revision is for the copy held by the College/School or Department who receives a "End of grant/contract. This revision changes the cut-off from "End of Month". The revision brings these documents into compliance with OMB Circular A-110. These revisions are made with the full approval of the UW Office of Internal Audit and Research Accounting and Analysis: Grant and Contract Accounting Office. The Payroll Office is responsible for the OPR copy of these records..	OFM	Submission of Financial Status Report	0	36	3	10-05-62189	<i>[Crossed out]</i>	10	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: ProCard Approvals Provides a record of Procurement Card (ProCard) transaction approval, reconciliation, and receipt of goods or equipment. Includes reviewed and signed Transaction Detail Report, invoices received, and packing slips. Revision No. / Statement - This revision is for the copy held by the College/School or Department who receives a grant/contract. This revision changes the cut-off from "Termination of Funding Period", and reduces the retention period from 6 years. The revision brings these documents into compliance with OMB Circular A-110 which is attached. These revisions are made with the full approval of the UW Office of Internal Audit and Research Accounting and Analysis: Grant and Contract Accounting Office.	OPR	Submission of Financial Status Report	0	36	3	10-05-62190	10-06-62241
ITEM NO.	STATUS / TITLE / DESCRIPTION	OPR/OFM	CUT-OFF	RETENTION						DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS																								
				ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)																													
9	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: Positive Time Reports (PTR) A record certifying the number of hours worked by each hourly and student employee on a particular budget during a particular pay period. Revision No. / Statement - This revision is for the copy held by the College/School or Department who receives a "End of grant/contract. This revision changes the cut-off from "End of Month". The revision brings these documents into compliance with OMB Circular A-110. These revisions are made with the full approval of the UW Office of Internal Audit and Research Accounting and Analysis: Grant and Contract Accounting Office. The Payroll Office is responsible for the OPR copy of these records..	OFM	Submission of Financial Status Report	0	36	3	10-05-62189	<i>[Crossed out]</i>																											
10	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: ProCard Approvals Provides a record of Procurement Card (ProCard) transaction approval, reconciliation, and receipt of goods or equipment. Includes reviewed and signed Transaction Detail Report, invoices received, and packing slips. Revision No. / Statement - This revision is for the copy held by the College/School or Department who receives a grant/contract. This revision changes the cut-off from "Termination of Funding Period", and reduces the retention period from 6 years. The revision brings these documents into compliance with OMB Circular A-110 which is attached. These revisions are made with the full approval of the UW Office of Internal Audit and Research Accounting and Analysis: Grant and Contract Accounting Office.	OPR	Submission of Financial Status Report	0	36	3	10-05-62190	10-06-62241																											

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR		FOR THE OFFICE OF FINANCIAL MANAGEMENT	
FOR THE ATTORNEY GENERAL		FOR THE STATE ARCHIVIST	
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total); series discontinued and replaced by the State General Schedules, and office transfers.		FOR RECORDS MANAGEMENT STAFF	

 Secretary of State <small>SAN MEED</small>		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14			
AGENCY OFM NO.	AGENCY	OFFICE NAME		PAGE	OF	OFFICE NO.	
	University of Washington	Any office		1	6		
ADDRESS (MS or Street, City and Zip Code)		RECORDS COORDINATOR CONTACT NAME		RECORDS COORDINATOR PHONE NO.			
Box 354910		Andrea Watts		543-0573			
RECORDS OFFICER NAME	RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the records series and examined this schedule for accuracy.	RECORDS OFFICER PHONE NO.	DATE OF SUBMITTAL				
Barbara Benson		543-7950	April 5, 2010				
ITEM NO.	STATUS / TITLE / DESCRIPTION	OPR/OFM	CUT-OFF	RETENTION		DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: Purchase Orders -- Blanket Requests for repeat purchase of the same item or service over a specified period of time.			ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)	
11	Revision No. / Statement -- This revision is for the copy held by the College/School or Department who receives a grant/contact. This revision changes the cut-off from "Termination of Funding Period". The revision brings these documents into compliance with OMB Circular A-110 which is attached. These revisions are made with the full approval of the UW Office of Internal Audit and Research Accounting and Analysis: Grant and Contract Accounting Office. The Purchasing Office holds the OPR copy of these documents.	OFM	Submission of Financial Status Report	0	36	3	10-05-62191
12	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: Purchase Records -- Internal Document departmental approval and receipt of purchases. Includes memos or forms routed within a department for approval of purchases prior to generation of a Purchase Requisition. Applies to ProCard transactions. Includes Delegation of Authority.	OPR	Submission of Financial Status Report	0	36	3	10-05-62192 10-06-62242

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION:		DATE OF ACTION:	
FOR THE STATE AUDITOR	<input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers		FOR RECORDS MANAGEMENT STAFF	

 Secretary of State SAM BIRD		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14			
AGENCY OFM NO.		AGENCY NAME University of Washington		OFFICE NAME Any office		OFFICE NO.	
ADDRESS (HS or Street, City and Zip Code) Box 354910		RECORDS COORDINATOR CONTACT NAME Andrea Watts		RECORDS COORDINATOR PHONE NO. 543-0573		RECORDS COORDINATOR PHONE NO.	
RECORDS OFFICER NAME Barbara Benson		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the records and approved this schedule for accuracy. 		RECORDS OFFICER PHONE NO. 543-7950		DATE OF SUBMITTAL April 5, 2010	

ITEM NO.	STATUS/TITLE/DESCRIPTION	OPR/OFM	CUT-OFF	RETENTION			DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
				ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)		
1	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: Billing Source Documents for Grants/Contracts Documentation used by UW Recharge/Cost/Service Centers to prepare Cost Transfer Invoices (CTIs), Internal Sales Documents (ISDs), recharge documents, journal vouchers, or invoices for the purpose of charging other budgets or non-UW entities for services or supplies. May describe in greater detail than billing document the service or supplies provided. May include work orders, service requests, logs of goods/services provided, etc. Revision No. / Statement -- This revision applies to the documents which are the responsibility of Any Office who receives a grant/contract and refers to the official copy which is held by the issuing office (the same series description will be used for both the issuing and receiving office) . This revision changes the cut-off from "End of Month" and reduces the retention period from 6 years. The revision brings these documents into compliance with OMB Circular A-110 which is attached. These revisions are made with the full approval of the UW Office of Internal Audit and Research Accounting and Analysis: Grant and Contract Accounting Office.	OPR	Submission of Financial Status Report	0	36	3	10-05-62181	10-06-62243

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers.		FOR RECORDS MANAGEMENT STAFF	

Washington State Archives
Records Management Section
PO Box 40238
Olympia, WA 98504-0238
(360) 586-4901

REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER

REFERENCE: RCW 40.14

AGENCY OFM NO. **Box 354910**

AGENCY **University of Washington**

ADDRESS (MS or Street, City and Zip Code)

AGENCY NAME
Any office

RECORDS COORDINATOR CONTACT NAME
Andrea Watts

RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy.
[Signature]

RECORDS OFFICER PHONE NO.
543-7950

DATE OF SUBMITTAL
April 5, 2010

RECORDS COORDINATOR PHONE NO.
543-0573

OFFICE NO.

ITEM NO.	STATUS / TITLE / DESCRIPTION	OPR/OFM	CUT-OFF	RETENTION			DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
				ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)		
5	<p><input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER</p> <p>Title: Packing Slips from Outside Vendors For Grants/Contracts</p> <p>A record of departmental receipt of goods or equipment.</p> <p>Revision No. / Statement — This revision applies to the documents which are the responsibility of Any Office who receives a grant/contract and refers to the copy held by Any Receiving Department. This revision changes the cut-off from "Receipt of Merchandise/Equipment" and reduces the retention period from 6 years. The revision brings these documents into compliance with OMB Circular A-110 which is attached. These revisions are made with the full approval of the UW Office of Internal Audit and Research Accounting and Analysis: Grant and Contract Accounting Office.</p>	OPR	Submission of Financial Status Report	0	36	3	10-05-62185 <i>62244</i>	
6	<p><input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER</p> <p>Title: Grant/Contract Certification Report</p> <p>Signed report which provides a means of payroll verification for Principal Investigator of a grant or contract.</p> <p>Revision No. / Statement — This revision is for the copy held by the College/School or Department who receives a grant/contract. This revision changes the cut-off from "Submission of Final Expenditure Report", changes the title from Payroll Certification Reports for Grants/Contracts and reduces the retention period from 6 years. The revision brings these documents into compliance with OMB Circular A-110 which is attached. These revisions are made with the full approval of the UW Office of Internal Audit and Research Accounting and Analysis: Grant and Contract Accounting Office.</p>	OPR	Submission of Financial Status Report	0	36	3	10-05-62186 <i>62245</i>	

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION

ACTION: ☐ Approved ☐ Returned to agency for further work

DATE OF ACTION:

FOR THE STATE AUDITOR

FOR THE ATTORNEY GENERAL

FOR THE OFFICE OF FINANCIAL MANAGEMENT

FOR THE STATE ARCHIVIST

FOR RECORDS MANAGEMENT STAFF


AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers.

AGENCY OFM NO.		AGENCY		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14		PAGE 1 OF 6 OFFICE NO.	
AGENCY OFM NO.		AGENCY		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14		PAGE 1 OF 6 OFFICE NO.	
AGENCY OFM NO.		AGENCY		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14		PAGE 1 OF 6 OFFICE NO.	
Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		University of Washington Box 354910 Barbara Benson		Records Officer Signature (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy. <i>Barbara Benson</i>		Records Officer Phone No. 543-7950 DATE OF SUBMITTAL April 5, 2010	
AGENCY OFM NO.		AGENCY		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14		PAGE 1 OF 6 OFFICE NO.	
AGENCY OFM NO.		AGENCY		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14		PAGE 1 OF 6 OFFICE NO.	
AGENCY OFM NO.		AGENCY		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14		PAGE 1 OF 6 OFFICE NO.	

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved		<input type="checkbox"/> Returned to agency for further work	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	
DATE OF ACTION:		FOR THE STATE ARCHIVIST	
		FOR RECORDS MANAGEMENT STAFF	
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers			

IV. ACTION ITEMS



A.1. Washington State University

 Secretary of State <small>NOT REEDED</small>		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14				PAGE 1 OF 1 OFFICE NO. 3150	
AGENCY OFM NO. 365 AGENCY Washington State University		ADDRESS (MS or Street, City and Zip Code) PO Box 642420, Pullman, WA 99164 - 2420		OFFICE NAME Speech and Hearing Sciences		RECORDS COORDINATOR CONTACT NAME Gail D. Chermak		RECORDS COORDINATOR PHONE NO. 335-4526	
RECORDS OFFICER NAME Ralph Jenks		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy.		RECORDS OFFICER PHONE NO. 509-335-2004		DATE OF SUBMITTAL Apr 26, 2010			
ITEM NO. 3	STATUS / TITLE / DESCRIPTION <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER INDIVIDUAL SPEECH/LANGUAGE PATHOLOGY AND AUDIOLOGY CLIENT FILES* Provides a record of speech/language pathology and audiology diagnostic evaluation and treatment. May include billing and receivable records for goods and services rendered. Upon reaching the end of the cutoff and retention period, the records are to be made illegible and destroyed.	OPR/OFM OPR	CUT-OFF fiscal year	RETENTION ACTIVE (Months in Office) 120 mos	INACTIVE (Months in Records Center) 0	TOTAL (Years) 10 yrs	DISPOSITION AUTHORITY NO. (DAN) 10-06-62215	ARCHIVAL DESIGNATION/REMARKS	

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers.			
FOR RECORDS MANAGEMENT STAFF			

IV. ACTION ITEMS


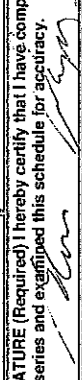
A.2. Board of Accountancy

 Secretary of State SAM REED		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14				PAGE 1 OF 1
AGENCY OFM NO. 165		AGENCY Board of Accountancy		OFFICE NAME Board of Accountancy		OFFICE NO. 100		
ADDRESS (MS or Street, City and Zip Code) 711 Capitol Way S Suite 400, Olympia, WA, 98501		RECORDS COORDINATOR CONTACT NAME Cheryl Sexton		RECORDS COORDINATOR PHONE NO. 360-664-9194		DATE OF SUBMITTAL 5/7/10		
RECORDS OFFICER NAME Jennifer Sciba		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy. 						
ITEM NO.	STATUS / TITLE / DESCRIPTION <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: Uniform CPA Exam Electronic grade files received from exam vendor, summary reports, candidate files and exceptions for tests administered to qualify candidates for license as a CPA. All grades are entered into a maintained computer database. Revision No. 7 Statement Rev 3 Changing description from "Electronic grade files received from exam vendor, summary report and exceptions for tests administered to qualify candidates for license as a CPA" to "Electronic grade files received from exam vendor, summary reports, candidate files and exceptions for tests administered to qualify candidates for license as a CPA. All grades are entered into a maintained computer database." Changing cut-off date from "Entered into database" to "Grades accepted by the Board." Change retention from 36/0/3 to 6/0/6.	DISPOSITION AUTHORITY NO. (DAN)	TOTAL (Years)	RETENTION INACTIVE (Months in Records Center)	CUT-OFF	ACTIVE (Months in Office)	ARCHIVAL DESIGNATION/REMARKS	
		72-09-02228	6 Months	0	Grades Accepted by the Board	6		

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR		FOR THE OFFICE OF FINANCIAL MANAGEMENT	
FOR THE ATTORNEY GENERAL		FOR THE STATE ARCHIVIST	
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total) series discontinued and replaced by the State General Schedules, and office transfers			
FOR RECORDS MANAGEMENT STAFF			

IV. ACTION ITEMS

A.3. Department of Financial Institutions


 Washington Secretary of State <small>SAM/REED</small>		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14		PAGE 1 OF 1	
Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		OFFICE NAME Consumer Services Division			
AGENCY OFM NO. 102 AGENCY Department of Financial Institutions ADDRESS (MS or Street, City and Zip Code) 150 Israel Rd SW Tumwater, WA 98501		RECORDS COORDINATOR CONTACT NAME Kim Hoss			
RECORDS OFFICER NAME Gloria Papiez		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy. 		RECORDS OFFICER PHONE NO. 360-902-8820	
DATE OF SUBMITTAL 4/26/10		OFFICE NO. 500			
RECORDS COORDINATOR PHONE NO. 360-664-7845					

ITEM NO.	STATUS / TITLE / DESCRIPTION	OPR/OFM	CUT-OFF	RETENTION			DISPOSITION AUTHORITY NO. (OAN)	ARCHIVAL DESIGNATION/REMARKS
				ACTIVE (Months In Office)	INACTIVE (Months In Records Center)	TOTAL (Years)		
7	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: Consumer Services Individuals License Files and Abandoned, Rejected, Denied or Withdrawn Applications* License app and supporting documentation for individuals who surrendered or abandoned their apps or had their apps denied. Revision 1: Title revised to cover all individual license types. Absorb series 99-04-59060. The cut off has changed from calendar year. The retention has changed from 24/48/6	OPR	Closed	12	60	6	07-06-61534 Revision 1	

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR		FOR THE STATE ARCHIVIST	
FOR THE ATTORNEY GENERAL		FOR RECORDS MANAGEMENT STAFF	
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers			

IV. ACTION ITEMS

A.4. Washington State Lottery

 Secretary of State <small>SAVED</small>		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14			
AGENCY OFM NO. 0116	AGENCY WA ST Lottery	OFFICE NAME Communications		PAGE OF	OFFICE NO. 450		
ADDRESS (MS or Street, City and Zip Code) 814 E 4th Ave., Olympia WA 98506		RECORDS COORDINATOR CONTACT NAME Jerry Jansen		RECORDS COORDINATOR PHONE NO. 360.664.4793			
RECORDS OFFICER NAME Bruce Eisentrout		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy.		RECORDS OFFICER PHONE NO. 360.664.4790			
DATE OF SUBMITTAL 5/19/2010							
ITEM NO.	STATUS / TITLE / DESCRIPTION <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input checked="" type="checkbox"/> TRANSFER Title: JACKPOT WINNERS Provides Lotto jackpot winner names, addresses, pertinent information, retailer location, etc., and documentation for use in PR articles, survey of winners, release forms for news stories, photographs and other pertinent Lottery records. It includes Mega Millions and Powerball annuities spread over 30 years. Revision No. / Statement #3, Change division from Marketing 400 to Communications 450. Change Record Center storage 240 months to 288 months. Total retention from 26 years to 30 years. Include in the description "Includes Mega Millions and Powerball annuities spread over 30 years".	OPB/OFM	CUT-OFF Calendar Year	RETENTION ACTIVE (Months in Office) INACTIVE (Months in Records Center) TOTAL (Years)		DISPOSITION AUTHORITY NO. (DAN) 91-11-49445	
		72	288	30	ARCHIVAL DESIGNATION/REMARKS archival		

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers.			

IV. ACTION ITEMS

A.5. Washington State Liquor Control Board



Washington State
Liquor Control Board

May 13, 2010

Rec'd

MAY 14

SEARCHED INDEXED
SERIALIZED FILED
MAY 14 2010
FBI - OLYMPIA

Records Committee
PO Box 40238
Olympia, WA 98504-0238


Records Committee,


Attached, please find an update for Office 435. The previous Unique made mention of a report which is no longer generated as well as failed to mention employees entering and departing the building. We are also adding a Unique for office 430; Monitoring Reports as there is no logical General Schedule DAN for these reports which document our Alarm systems activity.

Please feel free to contact me if you have any questions.



Sincerely,

Stacii McKeon
Records Management Supervisor
WSLCB
3000 Pacific Ave SE
Olympia, WA 98504-3080
(360) 664-1693

 Secretary of State <small>SAINT BERNARD</small>		REQUEST F RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14	
Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		OFFICE NAME Distribution Center (DC)	
AGENCY OFM NO. 195	AGENCY Washington State Liquor Control Board	OFFICE NO. 435	PAGE 1 OF 1
ADDRESS (MS or Street, City and Zip Code) 3000 Pacific Ave SE, Olympia WA 98504		RECORDS COORDINATOR CONTACT NAME Stacii McKeon	
RECORDS OFFICER NAME Stacii McKeon		RECORDS OFFICER PHONE NO. 360-664-1693	DATE OF SUBMITTAL 5/10/2010

RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy. 			
ITEM NO.	STATUS / TITLE / DESCRIPTION	ORR/OFM	CUT-OFF
1	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> DISCONTINUED <input type="checkbox"/> TRANSFER Title: SECURITY ACTIVITY LOG & BUILDING SIGN IN Description: Report of non-employees who enter and depart the warehouse as well as employees who enter and depart the warehouse outside of their regularly scheduled hours, or those whose main office is at a different location. Also includes a daily log for each security guard shift, including but not limited to, time assuming duty, work completed during shift and time shift ended. Revision No. / Statement REV 1 - Change description to "Report of non-employees who enter and depart the warehouse as well as employees who enter and depart the warehouse outside of their regularly scheduled hours, or those whose main office is at a different location. Also includes a daily log for each security guard shift, including but not limited to, time assuming duty, work completed during shift and time shift ended."	OFM	Fiscal Year
		ACTIVE (Months in Office)	INACTIVE (Months in Records Center)
		24	0
		TOTAL (Years)	2
		DISPOSITION AUTHORITY NO (OAN)	80-01-24112
		ARCHIVAL DESIGNATION/REMARKS	


STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers		FOR RECORDS MANAGEMENT STAFF	

 Secretary of State <small>(S&H NEED)</small>		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14				PAGE 1 OF 1 OFFICE NO. 430	
AGENCY OFM NO. 195 AGENCY Washington State Liquor Control Board ADDRESS (MS or Street, City and Zip Code) 43000 Pacific Ave SE, Olympia WA 98504		OFFICE NAME Distribution Center (DC)		RECORDS COORDINATOR CONTACT NAME Stacii McKeon		RECORDS COORDINATOR PHONE NO. 360-664-1693		DATE OF SUBMITTAL 5/11/2010	
RECORDS OFFICER NAME Stacii McKeon		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy. 		RECORDS OFFICER PHONE NO. 360-664-1693		DISPOSITION AUTHORITY (NO. (DAN)) 10-06-62221		ARCHIVAL DESIGNATION/REMARKS	
ITEM NO. 1		STATUS / TITLE / DESCRIPTION <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: MONITORING REPORTS Description: Daily reports from Alarm Monitoring Computer for Managers as well as Daily Alarm Reports from Alarm Monitoring PC for false alarms. These reports are used to monitor workloads and monitor impacts on those workloads. They are also used to determine which stores have high false alarm activity and to monitor problem stores. Revision No. / Statement		CUT-OFF Fiscal Year		RETENTION ACTIVE (Months in Office) 12 INACTIVE (Months in Records Center) 0 TOTAL (Years) 1		DISPOSITION AUTHORITY (NO. (DAN)) 10-06-62221	

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR		FOR THE OFFICE OF FINANCIAL MANAGEMENT	
FOR THE ATTORNEY GENERAL		FOR RECORDS MANAGEMENT STAFF	
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total) series discontinued and replaced by the State General Schedules and office transfers			

IV. ACTION ITEMS

A.6. Department of Health

 Secretary of State <small>SAM REED</small>		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14				PAGE 1 OF 2 OFFICE NO. 422	
AGENCY OFM NO. 303 AGENCY Department of Health		ADDRESS (MS or Street, City and Zip Code) MS-47856 Department of Health		OFFICE NAME Center for Health Statistics – Death with Dignity Act		RECORDS COORDINATOR CONTACT NAME Rachel McKinlay		RECORDS COORDINATOR PHONE NO. 360.236.4308	
RECORDS OFFICER NAME Sid McAlpin		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy.		RECORDS OFFICER PHONE NO. 360-236-3911		DATE OF SUBMITTAL			

ITEM NO.	STATUS / TITLE / DESCRIPTION	OPR/OFM	CUT-OFF	RETENTION			DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
				ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)		
1	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: Death with Dignity Act (DWDA) Annual Statistical Report Data Description: As required by RCW 70.245.150(3), the Department of Health shall generate and make available to the public an annual statistical report of data collected from the required compliance forms. The information presented in this report is limited to items with sufficient numbers in a reporting field to ensure that confidentiality is protected. The report is published annually on the department's website as an Adobe Acrobat Document. Revision No. / Statement	OPR	DATE OF DOCUMENT	72	0	6	10-06-62235	Archival
2	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: Death with Dignity Act (DWDA) Data description: Transitory web-based data. The Department of Health publishes data on the types and quantities of forms received under the Death with Dignity Act on the department's web page (http://www.doh.wa.gov/dwda/formsreceived.htm). This data is updated on a routine basis. A screen shot is taken of each web page update and stored on a shared network drive. Revision No. / Statement	OFM	DATE OF DOCUMENT	36	0	3	10-06-62236	

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers.		FOR RECORDS MANAGEMENT STAFF	

RCW 70.245.150

Reporting of information to the department of health — Adoption of rules — Information collected not a public record — Annual statistical report.


(1)(a) The department of health shall annually review all records maintained under this chapter.

(b) The department of health shall require any health care provider upon writing a prescription or dispensing medication under this chapter to file a copy of the dispensing record and such other administratively required documentation with the department. All administratively required documentation shall be mailed or otherwise transmitted as allowed by department of health rule to the department no later than thirty calendar days after the writing of a prescription and dispensing of medication under this chapter, except that all documents required to be filed with the department by the prescribing physician after the death of the patient shall be mailed no later than thirty calendar days after the date of death of the patient. In the event that anyone required under this chapter to report information to the department of health provides an inadequate or incomplete report, the department shall contact the person to request a complete report.


(2) The department of health shall adopt rules to facilitate the collection of information regarding compliance with this chapter. Except as otherwise required by law, the information collected is not a public record and may not be made available for inspection by the public.

(3) The department of health shall generate and make available to the public an annual statistical report of information collected under subsection (2) of this section.

[2009 c 1 § 15 (Initiative Measure No. 1000, approved November 4, 2008).]

 Secretary of State SARAH K. DUNN		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14			
AGENCY OFM NO.		AGENCY		OFFICE NAME		PAGE 1 OF 2 OFFICE NO. 422	
303		Department of Health		Center for Health Statistics – Death with Dignity Act		RECORDS COORDINATOR PHONE NO. 360.236.4308	
ADDRESS (MS or Street, City and Zip Code)		MS-47856		RECORDS COORDINATOR CONTACT NAME Rachel McKinlay		DATE OF SUBMITTAL 360-236-3911	
RECORDS OFFICER NAME Sid McAlpin		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy.		RECORDS OFFICER PHONE NO. 360-236-3911		DATE OF SUBMITTAL	
ITEM NO.	STATUS / TITLE / DESCRIPTION	OPR/OFM	CUT-OFF	RETENTION		DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
1	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: Death with Dignity Act (DWDA) Compliance Forms Description: All DWDA administratively required documentation is mailed to the Department of Health in paper format. Required documentation includes the patient's Request for Medication to End My Life in a Humane and Dignified Manner form, Attending Physician's Compliance Form, Consulting Physician's Compliance Form, Psychiatric/Psychological Consultant's Compliance Form, Pharmacy Dispensing Record, and the Attending Physician's After Death Reporting Form. Information collected on these forms includes, but is not limited to, patient's name and address, relevant medical diagnosis, cause of death, mental status, dates, physician information, pharmacist information, and prescription information. The forms are kept to insure compliance, and to generate and make available to the public an annual statistical report of the information collected, as required by the DWDA. Per RCW 70.245.150 the information collected is not a public record and may not be made available for inspection by the public. Revision No. / Statement	OFM	CASE CLOSED	ACTIVE (Months in Office) 36	INACTIVE (Months in Records Center) 0	TOTAL (Years) 3	10-06-62236

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved		<input type="checkbox"/> Returned to agency for further work	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	DATE OF ACTION: FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers		FOR RECORDS MANAGEMENT STAFF	

 Secretary of State <small>SAM REED</small>		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14				PAGE 1 OF 2 OFFICE NO. 422	
AGENCY OFM NO. 303 AGENCY Department of Health		ADDRESS (MS or Street, City and Zip Code) Department of Health		OFFICE NAME Center for Health Statistics – Death with Dignity Act				RECORDS COORDINATOR CONTACT NAME Rachel McKinlay	
RECORDS OFFICER NAME MS-47856 Sid McAlpin		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy.		RECORDS OFFICER PHONE NO. 360-236-3911		DATE OF SUBMITTAL 360.236.4308		RECORDS COORDINATOR PHONE NO.	

ITEM NO.	STATUS / TITLE / DESCRIPTION	OPR/OFM	CUT-OFF	RETENTION			DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
				ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)		
2	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: Death with Dignity Act (DWDA) Electronic Database With Personal Identifiers Description: Information collected on DWDA paper forms for every participant is entered into an electronic data base for the purpose of analysis and to insure compliance. This database is stored on a network drive in an encrypted, password protected folder. The information must be retained over time for tracking compliance and for analysis purposes. Personal identifiers are included in the data base as well as information about health care providers and health care facilities. The information is confidential by law and is not available for inspection by the public (RCW 70.245.150). Revision No. / Statement	OFM	CASE CLOSED	36	0	3	10-06-62237	
3	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: Death with Dignity Act (DWDA) Electronic Database Without Personal Identifiers Description: De-identified information collected on the DWDA paper forms for every participant is entered into an electronic data base for the purpose of analysis. This database is stored on a network drive in an encrypted, password protected folder. The information must be retained for comparison and analysis over time. Information collected on these forms include, but is not limited to age, race, relevant medical information, mental status, dates, and place of residence. Per RCW 70.245.150 the information collected is not a public record and may not be available for inspection by the public. Revision No. / Statement	OFM	CASE CLOSED	120	0	10	10-06-62238	

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers		FOR RECORDS MANAGEMENT STAFF	

Washington State Department of Health 2009 Death with Dignity Act Report

Executive Summary

Washington's Death with Dignity Act allows terminally ill adults seeking to end their lives in a humane and dignified manner to request lethal doses of medication from medical and osteopathic physicians. These terminally ill patients must be Washington residents who have six months (180 days) or less to live. In this report, a participant of the act is defined as someone to whom medication was dispensed under the terms of this law. This report focuses on the 63 participants for whom medication was dispensed between March 5, 2009, when the act became law, and December 31, 2009. It includes data from the documentation received by the Department of Health as of February 3, 2010.

Medication was dispensed to 63 individuals:

- Prescriptions were written by 53 different physicians
- Prescriptions were dispensed by 29 different pharmacists

Of the 63 people to whom medication was dispensed:

- 47 individuals have died
 - 36 of these people died after ingesting the medication
 - Seven of these people died without having ingested the medication
 - For the remaining four people who died, ingestion status is unknown
- Status is unknown for the remaining 16 people

Of the 47 participants who have died, their characteristics and underlying illnesses include:

- Age range, between 48 and 95 years
- 94 percent lived west of the Cascades
- 79 percent had cancer
- 9 percent had neuro-degenerative disease, including Amyotrophic Lateral Sclerosis (ALS)
- 12 percent had respiratory disease or other illnesses
- 89 percent had private, Medicare or Medicaid insurance

Of the 47 participants who have died, Death Certificates were received for 41 of these individuals; their characteristics include:

- 98 percent were white, non-Hispanic
- 46 percent were married
- 61 percent had some college education

Of the 47 participants who have died, After Death Reporting Forms were received for 44 of these individuals; their end-of-life concerns include:

- All were concerned about loss of autonomy, 82 percent about loss of dignity, and 91 percent about losing the ability to participate in activities that made life enjoyable

Of the 36 participants who ingested the medication and died:

- 94 percent were at home and 72 percent were enrolled in hospice care when they ingested the medication
- Complications of ingesting the medication were reported in three individuals
- Emergency Medical Services (EMS) were not called for any intervention after ingestion of the medication; EMS was called to pronounce death for two participants

Overview of Death with Dignity Act

The Washington State Death with Dignity Act (RCW 70.245) was passed by voter initiative on November 4, 2008 and became law on March 5, 2009. The law allows terminally ill adults seeking to end their lives in a humane and dignified manner to request lethal doses of medication from medical and osteopathic physicians. These terminally ill patients must be Washington residents who have an estimated six months (180 days) or less to live. More information on the Death with Dignity Act is available on the Department of Health's Web site (www.doh.wa.gov/dwda).

Role of Department of Health in Monitoring Compliance with the Act

To comply with the act, attending physicians and pharmacists must file documentation with the Department of Health. Patient eligibility for participation in the act must be confirmed by two independent physicians (an attending physician and a consulting physician). Within 30 days of a prescription being written for medication under this act the attending physician must file the following forms with the Department of Health:

1. Written Request for Medication to End Life Form (completed by the patient)
2. Attending Physician Compliance Form (completed by the attending physician)
3. Consulting Physician Compliance Form (completed by the consulting physician)

A psychiatric or psychological evaluation is not required under the terms of the law. However, if the attending or consulting physician requests an evaluation, the psychiatrist or psychologist must complete a Psychiatric/Psychological Consultant Compliance Form and the attending physician must file this form within 30 days of writing the prescription.

If the attending or consulting physician (or the psychiatrist or psychologist, if a referral is made) determines that a patient does not meet the qualifications to receive a prescription for medication under RCW 70.245, no forms have to be submitted to the Department of Health.

Within 30 days of dispensing medication, the dispensing pharmacist must file a Pharmacy Dispensing Record Form.

Within 30 days of a qualified patient's death from ingestion of a lethal dose of medication obtained under the act, or death from any cause, the attending physician must file an Attending Physician After Death Reporting Form.

To receive the immunity protection provided by RCW 70.245, physicians and pharmacists must make a good faith effort to file required documentation in a complete and timely manner.

Under Washington state law, a Death Certificate must be completed within 72 hours of death of an individual and filed with the local health agency where the death occurred. Local health agencies hold Death Certificates for 30 to 60 days before filing them with the state Department of Health. As a result, the state health department may receive an After Death Reporting Form before the Death Certificate is filed with the state.

Data about the Death with Dignity Participants in 2009

For the purposes of this report, a participant of the Death with Dignity Act in 2009 is defined as someone to whom medication was dispensed under the terms of the act in 2009. The Department of Health received the following documentation for 2009 Death with Dignity participants as of February 3, 2010:

Table 1. Documentation Received for 2009 Participants

Form	Number
Written Request to End Life Form	61
Attending Physician Compliance Form	61
Consulting Physician Compliance Form	61
Psychiatric/Psychological Consulting Form	3
Pharmacy Dispensing Record Form	63
After Death Reporting Form	44
Death Certificate	41

In 2009, lethal doses of medication were dispensed to 63 participants under the law. These prescriptions were written by 53 different physicians and dispensed by 29 different pharmacists.

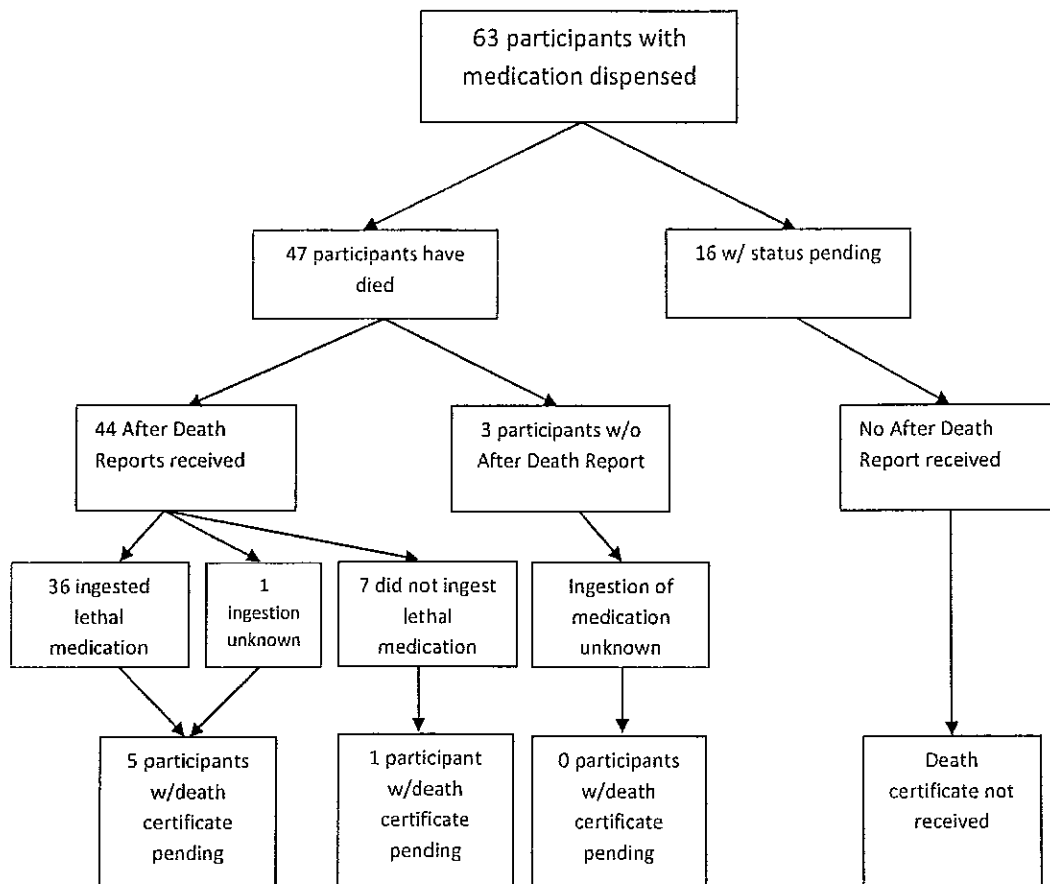
To date, the Department of Health has received fewer Written Requests and Attending and Consulting Physician Compliance Forms than Pharmacy Dispensing Records for the 2009 participants. When all the required paperwork is not received, department staff contacts health care providers to obtain the documentation.

Table 1 only includes the documentation received for individuals defined as participants (i.e., they received medication). The information posted on the Department of Health's Death with Dignity Web site about the number of forms received in 2009 includes all documentation received, including forms for people who did not go on to fill a prescription (and so are defined as non-participants). As a result, the numbers of documents listed in Table 1 do not match the numbers of documents received on the Department of Health Web site.

The Department of Health has received notification that 47 of the 63 participants have died (Figure 1). Death of a participant is established through receipt of the After Death Reporting form and/or the Death Certificate.

The status of the remaining 16 participants is unknown at this time. Some participants may still be alive since they may wait to use the medication or choose not to use it. It's also possible that some participants have taken the medication and died, but the Department of Health has not yet been notified because the After Death Reporting form is due 30 days after death and the Death Certificate is due 60 days after death.

Figure 1. Outcome of the 63 participants with medication dispensed under the terms of the Death with Dignity Act in 2009:



The data in Table 2 of this report describe the 47 participants who received medication under the terms of the Death with Dignity Act in 2009 and are known to have died.

Table 2. Characteristics of the participants of the Death with Dignity Act in 2009 who died:

	Number	%
Sex¹		
Male	26	55
Female	21	45
Age (years)¹		
18-34	0	0
35-44	0	0
45-54	6	13
55-64	6	13
65-74	18	38
75-84	10	21
85+	7	15
Range (min-max)	48-95	
Race and Ethnicity²		
Non-Hispanic White	40	98
Hispanic and/or Non-White	1	2
Marital Status²		
Married	19	46
Widowed	11	27
Divorced	9	22
Never married	2	5
Education²		
Less than high school	1	2
High school graduate	15	37
Some college	9	22
Baccalaureate or higher	16	39
Residence^{1,3}		
West of the Cascades	44	94
East of the Cascades	3	6
Underlying illness¹		
Cancer	37	79
Neuro-degenerative disease (incl. ALS ⁴)	4	9
Respiratory disease (incl. COPD ⁵)	4	9
Other illnesses	2	3
Insurance Status⁶		
Private only	12	28
Medicare or Medicaid only	19	43
Combination of private and Medicare/Medicaid	8	18
None	0	0
Unknown	5	11

Notes:

¹ Data are collected from multiple documents. At time of publication, data are available for all 47 of the participants in 2009 who died.

² Data are collected from the Death Certificate. At time of publication, data are available for 41 of the 47 participants in 2009 who died (see Figure 1).

³ Counties west of the Cascades include: Clallam, Clark, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, and Whatcom. Counties east of the Cascades include: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, and Yakima.

⁴ Amyotrophic Lateral Sclerosis (ALS).

⁵ Chronic Obstructive Pulmonary Disease (COPD).

⁶ Data are collected from the After Death Reporting form. At the time of publication, data are available for 44 of the 47 participants in 2009 who died.

Table 3. End of life concerns of the participants of the Death with Dignity Act in 2009 who died:

	Number	%
End of Life Concerns^{1, 2}		
Losing autonomy	44	100
Less able to engage in activities making life enjoyable	40	91
Loss of dignity	36	82
Losing control of bodily functions	18	41
Burden on family, friends/caregivers	10	23
Inadequate pain control or concern about it	11	25
Financial implications of treatment	1	2

Notes:

¹ Data are collected from the After Death Reporting form. At the time of publication, data are available for 44 of the 47 participants in 2009 who died.

² Participants may have selected more than one end of life concern. Thus the totals are greater than 100 percent.

Table 4. Death with Dignity Act process for the participants in 2009 who died:

	Number	%
Family and Psychiatric/Psychological involvement		
Referred for psychiatric/psychological evaluation ¹	3	7
Patient informed family of decision ²	40	89
Medication³		
Secobarbital	42	89
Pentobarbital	5	11
Other	0	0
Timing		
Duration of patient-physician relationship ⁴		
3 weeks – 24 weeks	23	
25 weeks – 51 weeks	4	
1 year or more	17	
Unknown	0	
Range (min – max)	3 weeks – 27 years	
Duration between first oral request and death ⁵		
3 weeks – 24 weeks	41	
25 weeks or more	3	
Unknown	0	
Range (min – max)	3 weeks – 43 weeks	

Notes:

¹ Data are collected from the Attending Physician's Compliance form. At the time of publication, data are available for 45 of the 47 participants in 2009 who died.

² Data are collected from the Written Request for Medication to End Life. At the time of publication, data are available for 45 of the 47 participants in 2009 who died.

³ Data are collected from the Pharmacy Dispensing Form. At the time of publication, data are available for all 47 of the participants in 2009 who died.

⁴ Data are collected from the After Death Reporting form. At the time of publication, data are available for 44 of the 47 participants in 2009 who died.

⁵ Data are collected from multiple documents. At the time of publication, data are available for 44 of the 47 participants in 2009 who died.

Table 5. Circumstances and complications related to ingestion of the medication prescribed under the Death with Dignity Act of the participants in 2009 who died:

	Number	%
Circumstances when medication ingested		
Health-care provider present		
Prescribing physician	3	8
Other provider, prescribing physician not present	17	47
No provider	12	34
Unknown	4	11
Location of patient		
Home (patient, family, friend)	34	94
Long term care, assisted living or foster care facility	0	0
Hospital	0	0
Other	0	0
Unknown	2	6
Hospice care		
Enrolled	26	72
Not enrolled	10	28
Timing		
Minutes between ingestion and unconsciousness		
1 min. - 10 min.	27	
11 min or more	4	
Unknown	5	
Range (min – max)	1 min. – 20 min.	
Minutes between ingestion and death		
1 min - 90 min	25	
91 min or more	6	
Unknown	5	
Range (min – max)	9 min. – 28 hours	
Complications		
Regurgitation	1	3
Seizures	0	0
Awakened after taking prescribed medication	2	5
None	28	78
Unknown	5	14
Emergency Medical Services involvement		
Called for intervention after lethal medication ingested	0	0
Calls for other reason (including to pronounce death)	2	6
Not called after lethal medication ingested	31	86
Unknown	3	8

Notes:

Data are collected from the After Death Reporting form. At the time of publication, data are available for 36 participants in 2009 who are known to have ingested the medication and died.

Confidentiality

The Death with Dignity Act requires that the Washington State Department of Health collect information and make an annual statistical report available to the public (RCW 70.245.150). The law also states that, except as otherwise required by law, the information collected is not a public record. That means it is not subject to public disclosure. Consistent with that statutory mandate, the Department of Health will not disclose any information that identifies patients, physicians, pharmacists, witnesses, or other participants in activities covered by the Death with Dignity Act. The information presented in this report is limited to items with sufficient numbers in a reporting field to ensure that confidentiality is protected.

REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

I, _____, am an adult of sound mind.
First
Middle
Last

I am suffering from _____, which my attending physician has determined is an incurable, irreversible terminal disease that will result in death within six months and which has been medically confirmed by a consulting physician.

I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed and potential associated risks, the expected result, and feasible alternatives, including comfort care, hospice care, and pain control.

I request that my attending physician prescribe medication that I may self-administer to end my life in a humane and dignified manner and dispense or to contact a pharmacist to dispense the prescription.

Initial One

- ☐ I have informed my family of my decision and taken their opinions into consideration.
☐ I have decided not to inform my family of my decision.
☐ I have no family to inform of my decision.

I understand that I have the right to rescind this request at any time.

I understand the full import of this request and I expect to die when I take the medication to be prescribed. I further understand that although most deaths occur within three hours, my death may take longer and my physician has counseled me about this possibility.

I make this request voluntarily and without reservation; and I accept full moral responsibility for my actions. I further declare that I am of sound mind and not acting under duress, fraud, or undue influence.

Signature:	County of Residence:	Date:
------------	----------------------	-------

DECLARATION OF WITNESSES

By initialing and signing below in the presence of the person named above signs, we declare that the person making and signing the above request:

Witness 1 Witness 2

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is personally known to us or has provided proof of identity; |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Signed this request in our presence on the date following the person's signature; |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Appears to be of sound mind and not under duress, fraud, or undue influence; |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is not a patient for whom either of us is the attending physician. |

Printed Name: Witness 1	Signature:	Date:
Printed Name: Witness 2	Signature:	Date:

NOTE: Only one of two witnesses may be a relative by blood, marriage, or adoption of the person signing this request, or be entitled to any portion of the person's estate upon death. Only one of the two witnesses may own, operate, or be employed at a health care facility where the person is a patient or resident. The patient's attending physician at the time of the request is not eligible to be a witness. If the patient is an inpatient at a long-term health care facility, one of the witnesses shall be an individual designated by the facility.



ATTENDING PHYSICIAN'S AFTER DEATH REPORTING FORM

MAIL FORM TO: State Registrar, Center for Health Statistics,
P.O. Box 47856, Olympia, WA 98504-7856

Dear Physician:

The Washington Death with Dignity Act requires physicians who write a prescription for a lethal dose of medication under the Act to report to the Department of Health information that documents compliance with the law. The attending physician shall complete this form within thirty calendar days of a patient's ingestion of a lethal dose of medication obtained pursuant to the act or death from any other cause, whichever comes first. If you do not know the answers to any of the following questions, please contact the family or patient's representative.

All individual information will be kept strictly confidential. Aggregate information will be provided on an annual basis. If you have questions about these instructions, please call 360-236-4324.

Physician's Name: _____

Date: ____/____/____

Patient Name: _____

Date of Patient's Death: ____/____/____

County of Death: _____

1. What was the patient's underlying illness?

2. On what date did you begin caring for this patient?

____/____/____ (Mo/Da/Yr)

3. On what date was the patient first told about their underlying medical condition?

____/____/____ (Mo/Da/Yr)

4. On what date was the patient told they have a terminal disease – meaning an incurable and irreversible disease that will within reasonable medical judgment produce death within six months?

____/____/____ (Mo/Da/Yr)

5. What type of health-care coverage did the patient have for their underlying illness? (Check all that apply.)

- ☐ 1 Medicare
- ☐ 2 Medicaid
- ☐ 3 Military/CHAMPUS
- ☐ 4 V.A.
- ☐ 5 Indian Health Service
- ☐ 6 Private insurance
- ☐ 7 No insurance
- ☐ 8 Had insurance, don't know type
- ☐ 9 Unknown

6. When the patient initially requested a prescription for the lethal dose of medication, was the patient receiving hospice care?

- ☐ 1 Yes
- ☐ 2 No, refused care
- ☐ 3 No, other (specify) _____
- ☐ 9 Unknown

7. Seven possible concerns that may have contributed to the patient's decision to request a prescription for the lethal dose of medication are shown below. Please check "Yes," "No," or "Don't know," depending on whether or not you believe that concern contributed to the request.

A concern about:

...the financial cost of treating or prolonging his or her terminal condition.

☐ Yes ☐ No ☐ Don't Know

...the physical or emotional burden on family, friends, or caregivers.

☐ Yes ☐ No ☐ Don't Know

...his or her terminal condition representing a steady loss of autonomy.

☐ Yes ☐ No ☐ Don't Know

...the decreasing ability to participate in activities that made life enjoyable.

☐ Yes ☐ No ☐ Don't Know

...the loss of control of bodily functions, such as incontinence and vomiting.

☐ Yes ☐ No ☐ Don't Know

...inadequate pain control at the end of life.

☐ Yes ☐ No ☐ Don't Know

...a loss of dignity.

☐ Yes ☐ No ☐ Don't Know

8. On what date was the prescription for a lethal dose of medication written or phoned in?

___/___/___ (Mo/Da/Yr)

9. What medication was prescribed and what was the dosage?

10. On what date was the lethal dose of medication dispensed to the patient?

___/___/___ (Mo/Da/Yr)

☐ Not Dispensed

☐ Unknown

11. Did the patient ingest the lethal dose of medication?

- ☐ 1 Yes
☐ 2 No (If NO, then please skip to question 22)

12. Were you with the patient when they took the lethal dose of medication?

- ☐ 1 Yes
☐ 2 No, did not offer to be present at the time of ingestion
☐ 3 No, offered to be present, but the patient declined
☐ 8 No, other (specify): _____

If no: Was another physician or trained health care provider or volunteer present when the patient ingested medication?

- ☐ 1 Yes, another physician
☐ 2 Yes, a trained health-care provider/volunteer (specify): _____

- ☐ 3 No
☐ 9 Unknown

13. Were you with the patient at the time of death?

- ☐ 1 Yes
☐ 2 No

If no: Was another physician or trained health care provider or volunteer present at the patient's time of death?

- ☐ 1 Yes, another physician
☐ 2 Yes, a trained health-care provider/volunteer
☐ 3 No
☐ 9 Unknown

If no: How were you informed of the patient's death?

- ☐ 1 Family member called M.D.
☐ 2 Friend of patient called M.D.
☐ 3 Another physician
☐ 4 Hospice R.N.
☐ 5 Hospital R.N.
☐ 6 Nursing home/Assisted-living staff
☐ 7 Funeral home
☐ 8 Medical Examiner
☐ 9 Other (specify): _____

14. Did the patient take the lethal dose of medication according to the prescription directions?

- ☐ 1 Yes
☐ 2 No

If no: Please list the medications the patient took (other than those reported in item 10), the dosages, and the reason for not following the prescription directions.

- ☐ 9 Unknown

15. Were there any complications after the ingestion of the lethal dose of medication, for example, vomiting, seizures, or regaining consciousness?

☐ 1 Yes

Please Describe:

☐ 2 No

☐ 9 Unknown

16. Was the Emergency Medical System activated for any reason after the ingestion of the lethal dose of medication?

☐ 1 Yes

Please describe:

☐ 2 No

☐ 9 Unknown

17. What was the time between ingestion of the lethal dose of medication and unconsciousness?

Minutes: _____ or Hours: _____ ☐ Unknown

18. What was the time between ingestion of the lethal dose of medication and death?

Minutes: _____ or Hours: _____ ☐ Unknown

If the patient lived longer than six hours:

Do you have any observations on why the patient lived for more than six hours after ingesting the medication? _____

19. Immediately prior to ingestion of the lethal dose of medication, what was the patient's mobility? (ECOG scale)

☐ 0 Fully active, no restrictions on pre-disease performance.

☐ 1 Restricted in strenuous activity, but ambulatory and able to carry out work.

☐ 2 Ambulatory and capable of all self-care, but no work activities; up and about more than 50% of waking hours.

☐ 3 Capable of only limited self-care; in bed or chair more than 50% of waking hours.

☐ 4 Completely disabled, no self-care, totally confined to bed or chair.

☐ 9 Unknown

20. Where did the patient ingest the medication?

- ☐ 1 Private home
- ☐ 2 Assisted-living residence (including foster care)
- ☐ 3 Nursing home
- ☐ 4 Acute care hospital in-patient
- ☐ 5 In-patient hospice resident
- ☐ 6 Other (specify) _____
- ☐ 9 Unknown

21. At the time of ingestion of the lethal dose of medication, was the patient receiving hospice care?

- ☐ 1 Yes
- ☐ 2 No, refused care
- ☐ 3 No, other (specify) _____
- ☐ 9 Unknown

22. What is your medical specialty? (Check all that apply.)

- ☐ 1 Family Practice
- ☐ 2 Internal Medicine
- ☐ 3 Oncology
- ☐ 4 Other (specify) _____

23. How many years have you been in practice, not including any training periods, such as residency or fellowship?

Years: _____

24. And lastly, do you have any comments on this follow-up questionnaire, or any other comments or insights that you would like to share with us?

Original Signature of Physician: _____

FOR OFFICIAL USE ONLY

CASE ID NUMBER:

☐ DWDA

☐ ILLNESS

☐ OTHER

PHYSICIAN ID
NUMBER:



ATTENDING PHYSICIAN'S COMPLIANCE FORM

MAIL FORM TO: State Registrar, Center for Health Statistics,
P.O. Box 47856, Olympia, WA 98504-7856

A	PATIENT INFORMATION	
PATIENT'S NAME (LAST, FIRST, M.I.)		DATE OF BIRTH:
MEDICAL DIAGNOSIS		

B	PHYSICIAN INFORMATION	
NAME (LAST, FIRST, M.I.)		TELEPHONE NUMBER () —
MAILING ADDRESS		
CITY, STATE AND ZIP CODE		

C	ACTION TAKEN TO COMPLY WITH LAW	
1. FIRST ORAL REQUEST		
First oral request for medication to end life.		DATE
Comments:		
<i>Indicate compliance by checking the boxes. (Both the attending and consulting physicians must make these determinations.)</i>		
<input type="checkbox"/> 1. Determination that the patient has a terminal disease. <input type="checkbox"/> 2. Determination the patient has six months or less to live. <input type="checkbox"/> 3. Determination that patient is competent.* <input type="checkbox"/> 4. Determination that patient is a Washington state resident.** <input type="checkbox"/> 5. Determination that patient is acting voluntarily. <input type="checkbox"/> 6. Determination that patient has made his/her decision after being fully informed of: <div style="margin-left: 20px;"> <input type="checkbox"/> a) His or her medical diagnosis; and <input type="checkbox"/> b) His or her prognosis; and <input type="checkbox"/> c) The potential risks associated with taking the medication to be prescribed; and <input type="checkbox"/> d) The potential result of taking the medication to be prescribed; and <input type="checkbox"/> e) The feasible alternatives, including, but not limited to, comfort care, hospice care and pain control. </div>		
<i>Indicate compliance by checking the boxes.</i>		DATE:
<input type="checkbox"/> 1. Patient informed of his or her right to rescind the request at any time. <input type="checkbox"/> 2. Patient recommended to inform next of kin. <input type="checkbox"/> 3. Patient counseled about the importance of having another person present when the patient takes the medication(s). <input type="checkbox"/> 4. Patient counseled about the importance of not taking the medication in a public place.		
2. SECOND ORAL REQUEST (Must be made 15 days or more after the first oral request.)		
<i>Indicate compliance by checking the boxes.</i>		DATE:
<input type="checkbox"/> 1. Second oral request for medication to end life. <input type="checkbox"/> 2. Patient informed of the right to rescind the request at any time.		
Comments:		

ATTENDING PHYSICIAN'S COMPLIANCE FORM (continued)

PATIENT INFORMATION	
PATIENT'S NAME (LAST, FIRST, M.I.)	DATE OF BIRTH

C	ACTION TAKEN TO COMPLY WITH THE LAW – continued
3. PATIENT'S WRITTEN REQUEST	
<input type="checkbox"/> Written request for medication to end life received. Please attach request. <i>(No less than 48 hours shall elapse between the written request and writing the prescription.)</i>	
DATE	
Comments:	

D	MEDICAL CONSULTATION (Attach consultant's form.)
Medical consultation and second opinion requested from:	
MEDICAL CONSULTANT'S NAME	TELEPHONE NUMBER () —
	DATE

E	PSYCHIATRIC/PSYCHOLOGICAL EVALUATION
Check one of the following (required):	
<input type="checkbox"/> I have determined that the patient is not suffering from a psychiatric or psychological disorder, or depression, causing impaired judgment, in accordance with chapter 70.245 RCW.	
<input type="checkbox"/> I have referred the patient to the provider listed below for evaluation and counseling for a possible psychiatric or psychological disorder, or depression causing impaired judgment, and attached the consultant's form.	
PSYCHIATRIC CONSULTANT'S NAME	TELEPHONE NUMBER () —
	DATE

F	MEDICATION PRESCRIBED AND INFORMATION PROVIDED TO PATIENT
<i>(To be prescribed no sooner than 48 hours after patient's written request has been signed.)</i>	
LETHAL MEDICATION PRESCRIBED AND DOSE	DATE PRESCRIBED
Please check one of the following:	
<input type="checkbox"/> Dispensed medication directly. Date ____/____/____	
<input type="checkbox"/> Contacted pharmacist and delivered prescription personally or by mail to the pharmacist.	
Pharmacy Name	City Phone # () -
Immediately prior to writing the prescription, the patient was fully informed of: (check boxes)	
<input type="checkbox"/> (a) his or her medical diagnosis;	
<input type="checkbox"/> (b) his or her prognosis;	
<input type="checkbox"/> (c) the potential risks associated with taking the medication to be prescribed;	
<input type="checkbox"/> (d) the probable result of taking the medication to be prescribed;	
<input type="checkbox"/> (e) the feasible alternatives, including, but not limited to, comfort care, hospice care and pain control.	
To the best of my knowledge, all of the requirements under the Washington Death with Dignity Act have been met.	
X	PHYSICIAN'S ORIGINAL SIGNATURE
	DATE

* "Competent" means that, in the opinion of a court or in the opinion of the patient's attending physician or consulting physician, psychiatrist, or psychologist, a patient has the ability to make and communicate an informed decision to health care providers, including communication through persons familiar with the patient's manner of communicating if those persons are available.

** Factors demonstrating residency include, but are not limited to: 1) Possession of a Washington state driver's license; 2) Registration to vote in Washington state; 3) Evidence that a person owns or leases property in Washington state.



CONSULTING PHYSICIAN'S COMPLIANCE FORM

Deliver this form to the attending physician who will mail it to:

State Registrar, Center for Health Statistics,
P.O. Box 47856, Olympia, WA 98504-7856

A PATIENT INFORMATION			
PATIENT'S NAME (LAST, FIRST, M.I.)		DATE OF BIRTH	
B REFERRING/PRESCRIBING PHYSICIAN			
REFERRING/PRESCRIBING PHYSICIAN'S NAME (LAST, FIRST, M.I.)		TELEPHONE NUMBER () —	
C CONSULTANT'S REPORT			
1. MEDICAL DIAGNOSIS		DATE OF EXAMINATION(S)	
2. Check boxes for compliance. <i>(Both the attending and consulting physicians must make these determinations.)</i>			
<input type="checkbox"/> 1. Determination that the patient has a terminal disease.			
<input type="checkbox"/> 2. Determination the patient has 6 months or less to live.			
<input type="checkbox"/> 3. Determination that patient is competent.*			
<input type="checkbox"/> 4. Determination that patient is acting voluntarily.			
5. Determination that patient has made his/her decision after being fully informed of:			
<input type="checkbox"/> a. His or her medical diagnosis; and			
<input type="checkbox"/> b. His or her prognosis; and			
<input type="checkbox"/> c. The potential risks associated with taking the medication to be prescribed; and			
<input type="checkbox"/> d. The potential result of taking the medication to be prescribed; and			
<input type="checkbox"/> e. The feasible alternatives, including, but not limited to, comfort care, hospice care, and pain control.			
Comments:			
D PATIENT'S MENTAL STATUS			
Check one of the following <i>(required)</i> :			
<input type="checkbox"/> I have determined that the patient is not suffering from a psychiatric or psychological disorder, or depression causing impaired judgment, in conformance with chapter 70.245 RCW.			
<input type="checkbox"/> I have referred the patient to the provider listed below for evaluation and counseling for a possible psychiatric or psychological disorder, or depression causing impaired judgment.			
PSYCHIATRIC CONSULTANT'S NAME		TELEPHONE NUMBER () —	
		DATE	
E CONSULTANT'S INFORMATION			
X	PHYSICIAN'S ORIGINAL SIGNATURE		DATE
	NAME (PLEASE PRINT)		
	MAILING ADDRESS		
	CITY, STATE AND ZIP CODE		TELEPHONE NUMBER () —

* "Competent" means that, in the opinion of a court or in the opinion of the patient's attending physician or consulting physician, psychiatrist, or psychologist, a patient has the ability to make and communicate an informed decision to health care providers, including communication through persons familiar with the patient's manner of communicating if those persons are available.



PHARMACY DISPENSING RECORD

MAIL FORM TO: State Registrar, Center for Health Statistics,
P.O. Box 47856, Olympia, WA 98504-7856

A	PATIENT INFORMATION	
	PATIENT'S NAME (LAST, FIRST, M.I.)	DATE OF BIRTH:
	MAILING ADDRESS:	
	CITY, STATE AND ZIP CODE:	

B	PHYSICIAN INFORMATION	
	NAME (LAST, FIRST, M.I.):	TELEPHONE NUMBER: () -
	MAILING ADDRESS:	
	CITY, STATE AND ZIP CODE:	

C	DISPENSING HEALTH CARE PROVIDER INFORMATION	
	NAME (LAST, FIRST, M.I.) AND TITLE:	TELEPHONE NUMBER: () -
	MAILING ADDRESS:	
	CITY, STATE AND ZIP CODE:	DATE OF THIS REPORT:

D	MEDICATIONS DISPENSED			
	MEDICATIONS	QUANTITY	DATE PRESCRIBED	DATE DISPENSED
	#1			
	#2			
	#3			
	#4			

E	SIGNATURE		
	DISPENSING HEALTH CARE PROVIDER'S ORIGINAL SIGNATURE	TELEPHONE NUMBER () -	DATE

IV. ACTION ITEMS

A.7. Office of the Secretary of State

May 10, 2010

Washington State Records Committee
PO Box 40238
Olympia, WA

Re: Legacy Project – Office 270
Elections - Office 400

Dear Committee Members,


Legacy Project – This schedule, 99-01-59007 is being changed to Archival on the advice of Archivist Terry Badger.

Elections - We are creating this new schedule for the Archive Transaction DB Prod section of the Voter Registration Database. This Archive Transaction DB Prod holds the correspondence from the counties to make the changes needed in the database. Once the changes are made these messages are stored in this database. This new schedule will allow us to purge the correspondence after 12 months.

Let me know if you have any questions.

Sincerely,

Brenda Galarza
Records/Public Disclosure Officer
PO Box 40224
Olympia, WA 98504-0224
360-236-5040
Brenda.galarza@sos.wa.gov

 Secretary of State <small>SAM REED</small>		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14			
AGENCY OFM NO. 085 AGENCY Office of Secretary of State ADDRESS (M/S or Street, City and Zip Code) 6880 Capitol Blvd. S, Tumwater WA MS 40243		OFFICE NAME Legacy Project RECORDS COORDINATOR CONTACT NAME		OFFICE NO. 270 RECORDS COORDINATOR PHONE NO.		PAGE 1 OF 1	
RECORDS OFFICER NAME Brenda Galarza		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy. <input type="checkbox"/> RECORDS OFFICER PHONE NO. DD 360-236-5040 <input type="checkbox"/> DATE OF SUBMITTAL		RECORDS OFFICER PHONE NO. 360-236-5040		DATE OF SUBMITTAL 5-10-2010	
STATUS / TITLE / DESCRIPTION <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> DISCONTINUED <input type="checkbox"/> TRANSFER Title: REFERENCE AND RESEARCH MATERIALS Description: Records relating to background materials on potential interviewees. Revision No. / Statement REV 2 - Updated description and changed to Archival.		CUT OFF Calendar Year		RETENTION ACTIVE (Months in Office) 48 INACTIVE (Months in Records Center) 0 TOTAL (Years) 4		DISPOSITION AUTHORITY NO (DAN) 99-01-59007 ARCHIVAL DESIGNATION/REMARKS ARCHIVAL	

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR		FOR THE OFFICE OF FINANCIAL MANAGEMENT	
FOR THE ATTORNEY GENERAL		FOR THE STATE ARCHIVIST	
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers			
FOR THE STATE AUDITOR		FOR RECORDS MANAGEMENT STAFF	



Washington
Secretary of State
SAM REED

Rec'd

1000
1000
WA STATE

Administrative Services
PO Box 40224
Olympia, WA 98504-0224
Tel: 360.586.7522
www.secstate.wa.gov

May 11, 2010

Washington State Records Committee
PO Box 40238
Olympia, WA

Re: Elections - Office 400

Dear Committee Members,

BALLOT STATUS TRANSACTION MESSAGES AND DATA

This new schedule is for the ballot status transaction messages between the county voter registration systems and the Washington Information System (WEI), and for data displayed in the ballot status tables. This is voter ballot status messages sent to the WEI transaction database, and the ballot status information populated in tables in the WEI transaction database. Once the ballot status data is displayed for an election, it is no longer needed. It is merely a duplicate of data stored in the county voter registration systems.

PRECINCT/DISTRICT TRANSACTION MESSAGES

This new schedule is for the precinct/district transaction messages between the county voter registration systems and the Washington Information System (WEI). This is precinct/district messages for district syncs, which updates tables in the Production WEI. Once the tables are updated, these messages are stored in tables.

WASHINGTON ELECTION INFORMATION LOGGING DATABASE ERROR LOGS


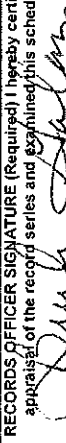
This new schedule is for the error logs in the Washington Election Information (WEI) Logging Database. These error logs are saved in a table, by date and time of error.

Creating these new schedules will allow us to purge these error logs after 12 months.



Let me know if you have any questions.

Sincerely,

Brenda Galarza
Records/Public Disclosure Officer
PO Box 40224
Olympia, WA 98504-0224
360-236-5040
brenda.galarza@sos.wa.gov

 Secretary of State <small>SAM NEED</small>		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14			
AGENCY OFM NO. 085	AGENCY Office of Secretary of State	OFFICE NAME Elections		PAGE 1 OF 1	OFFICE NO. 400		
ADDRESS (M/S or Street, City and Zip Code) 520 Union Avenue SE, Olympia, WA 98504		RECORDS COORDINATOR CONTACT NAME Patty Murphy		RECORDS COORDINATOR PHONE NO. 360-902-4188			
RECORDS OFFICER NAME Brenda Galarza		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy. 		RECORDS OFFICER PHONE NO. 360-236-5040		DATE OF SUBMITTAL 5-10-2010	
ITEM NO.	STATUS/TITLE/DESCRIPTION	OPR/OEM	CUT-OFF	RETENTION		DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> DISCONTINUED <input type="checkbox"/> TRANSFER Title: VOTER REGISTRATION TRANSACTION MESSAGES - Description: Voter registration correspondence/messages sent between County voter registration systems and the statewide Voter Registration Database (VRDB). Revision No. / Statement			ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)	
1		OFM	Transaction Date	12	0	1 Year	10-06-62222

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description / increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers		FOR RECORDS MANAGEMENT STAFF	

 Washington Secretary of State SAM REED		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST F RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14	
AGENCY OFM NO.	AGENCY	OFFICE NAME		PAGE	OF
085	Secretary of State	Elections		1	1
ADDRESS (MS or Street, City and Zip Code)		RECORDS COORDINATOR CONTACT NAME		RECORDS COORDINATOR PHONE NO.	
500 Union Avenue SE, Olympia, WA 98504		Patty Murphy		360-902-4188	
RECORDS OFFICER NAME		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy.		DATE OF SUBMITTAL	
Brenda Galarza				360-236-5040 5/11/2010	

ITEM NO.	STATUS / TITLE / DESCRIPTION	OPR/OFM	CUT-OFF	RETENTION			DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
				ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)		
1	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> DISCONTINUED <input type="checkbox"/> TRANSFER Title: BALLOT STATUS TRANSACTION MESSAGES AND DATA - Description: Ballot status data sent between County voter registration and the state for the Washington Election Information System (WEI). Revision No. / Statement	OFM	Transaction Date	12	0	1 Year	10-06-62218	
2	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> DISCONTINUED <input type="checkbox"/> TRANSFER Title: PRECINCT/DISTRICT TRANSACTION MESSAGES - Description: Precinct/district correspondence/messages sent between County voter registration systems and the state for the Washington Election Information System (WEI). Revision No. / Statement	OFM	Transaction Date	12	0	1 Year	10-06-62219	
3	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> DISCONTINUED <input type="checkbox"/> TRANSFER Title: WASHINGTON ELECTION INFORMATION (WEI) LOGGING DATABASE ERROR LOGS - Description: Error logs posted in Washington Election Information logging database Revision No. / Statement	OFM	Transaction Date	12	0	1 Year	10-06-62220	

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION:		DATE OF ACTION:	
FOR THE STATE AUDITOR	<input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total); series discontinued and replaced by the State General Schedules, and office transfers		FOR RECORDS MANAGEMENT STAFF	

IV. ACTION ITEMS

A.8. Department of Labor & Industries



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES Rec'd

May 04, 2010

MAY 04 2010
Secretary of State
WA STATE ARCHIVES

TO: State Records Committee (SRC) Members
Archival Review Committee Members (ARC)
Russell Wood, State Records Management Office (RMO)
Michele Mallory, RMO

FROM: Lysa Homan Walker, Department of Labor & Industries (L&I)

SUBJECT: NEW RECORDS SERIES FOR THE JUNE SRC MEETING FROM THE
HEALTH SERVICES ANALYSIS (HSA) SECTION

Dear SRC, ARC Members, Russell and Michele:

Attached is a new records series for HSA in the Insurance Services Division, to be included on the June SRC agenda.


In 1985, RCW 51.36.080 was passed requiring L&I to provide a progress report on health care cost containment and introducing the HSA program with a mission to assure access to quality cost-effective health care and vocational services for injured workers.

Since their beginning, HSA has expanded its prospective payment systems and has implemented many innovative payment programs to not only assure injured workers access to care, but also to accomplish the agency's mission of being a prudent purchaser of health care.

One of the options HSA provides to injured workers is the access to a second opinion by Chiropractors who voluntarily participate in the program. The records created for this program fall under the attached new records series we are requesting for review by the committee.

We appreciate your time and consideration. As always, if you have any questions prior to the meeting, please do not hesitate to contact me at (360) 902-5777 or wllys235@lni.wa.gov.

Enclosure

 Secretary of State <small>SAN REED</small>		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14			
AGENCY ORF NO. 235		AGENCY Department of Labor and Industries		OFFICE NAME Health Service Analysis (HSA)		PAGE 1 OF 1	
ADDRESS (MS or Street, City and Zip Code) MS: 44322		RECORDS COORDINATOR CONTACT NAME Joanne McDaniel		RECORDS COORDINATOR PHONE NO. 902-6817		OFFICE NO. 540	
RECORDS OFFICER NAME Lysa Homan Walker		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and assigned this schedule for accuracy.		RECORDS OFFICER PHONE NO. 902-5777		DATE OF SUBMITTAL 05-04-2010	
ITEM NO.	STATUS / TITLE / DESCRIPTION	CUT-OFF	RETENTION	DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS		
1	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: CHIROPRACTIC CONSULTATION FILES Description: Provides documentation of Chiropractors who voluntarily apply to perform second opinions on injured workers referred by their doctors. Records may include but are not limited to: program application, copy of chiropractic license, continuing education credits, performance agreement, attestation letters and correspondence. Media: Paper. Revision No. / Statement:	Agreement Terminated OFM	ACTIVE (Months in Office) 12 mo INACTIVE (Months in Records Center) 24 mo TOTAL (Years) 3 years	10-06-62216			

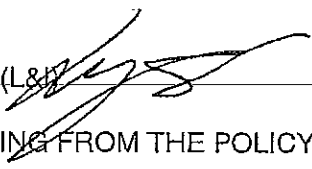
STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description increase in Records Center retention / reduction in office retention (no change to total) series discontinued and replaced by the State General Schedules, and office transfers		FOR RECORDS MANAGEMENT STAFF	



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

May 12, 2010

TO: State Records Committee (SRC) Members
Archival Review Committee Members (ARC)
Russell Wood, State Records Management Office (RMO)
Michele Mallery, RMO

FROM: Lysa Homan Walker, Department of Labor & Industries (L&I) 

SUBJECT: NEW RECORDS SERIES FOR THE JUNE SRC MEETING FROM THE POLICY
AND QUALITY COORDINATION PROGRAM

Dear SRC, ARC Members, Russell and Michele:

Attached is a new records series for the Policy and Quality Coordination (PQC) program in the Insurance Services Division, to be included on the June SRC agenda.

PQC program represents the largest group of senior adjudicators in the agency. These adjudicators provide a variety of services that support claims management. PQC includes:

- Claims Training
- Coach/Mentoring
- Pension Benefits/Social Security Offset
- Quality Assurance
- Rules and Policy
- Special Application System Support

The attached records series are specific to the Claims Training, Coach Mentoring, and Rules and Policy units.

Item 1 encompasses the all the documentation regarding the development and the use of the claim's training material used to train claims staff. It also includes historical records regarding the creation of policies and procedures and special projects specific to the program's mission.

Item's 2 and 3 include the Claims Training and Coach/Mentoring program records. Item 2 is mostly electronic. All the working files are entered into the electronic central filing system, which is considered the original record. Item 3 are the mostly paper copies of those working files.

We appreciate your time and consideration. As always, if you have any questions prior to the meeting, please do not hesitate to contact me at (360) 902-5777 or wlys235@Lni.wa.gov.

Enclosure

Mallery, Michele

From: Homan Walker, Lysa (LNI) [wlys235@LNI.WA.GOV]
Sent: Thursday, May 13, 2010 7:14 AM
To: Mallery, Michele
Subject: RE: Another submission for the June agenda

Follow Up Flag: Follow up
Flag Status: Flagged

Hi, Michele,

This is not just some kind of 'basic' one or two day training. It is an in-depth 22 mth training program that results in an individual acquiring journeyman status as workers compensation claims managers. Furthermore, the program is required to provide documentation to the Washington State Apprenticeship Training Council. I think it is quite clear that this goes beyond something that can be documented in section GS 22 of the General Schedule.

If you have any questions, please let me know.

Lysa~

From: Mallery, Michele [mailto:michele.mallery@sos.wa.gov]
Sent: Wednesday, May 12, 2010 3:26 PM
To: Homan Walker, Lysa (LNI)
Subject: RE: Another submission for the June agenda

Lysa,

I am writing to you on behalf of the Washington State Archivist and would like to thank you for submitting the records retention schedules for the Department of Labor & Industries Office 560 – Policy & Quality Coordination dated May 12, 2010 which was received and reviewed by the Records Management Office on May 12, 2010.

I have reviewed the submitted schedule for Office 560 – Policy & Quality Coordination and request the following corrections:
Please clarify as to why these would not fall under GS 22003, 22004 or other GS 22 series.

Please make the requested corrections and re-submit an electronic copy for review.

In the meantime, if you have any questions on the status of this schedule, please don't hesitate to contact me by email or telephone (360) 586-4901.

Best Regards,

Michele Mallery

State Government Records Management Specialist

Washington State Archives
Office of the Secretary of State
1129 Washington Street SE; MS: 40238
Olympia, WA 98504

[Please note new email address] Michele.Mallery@sos.wa.gov
Phone: 360-586-4901
Fax: 360-586-0368

To receive updates on records management advice, records retention schedules and training,
click on the following link:

http://www.sos.wa.gov/archives/RecordsManagement/records_state.aspx

Learn more about the Washington State Archives

[Review the State Records Committee Minutes](#)

[Review the Local Records Committee Minutes](#)

From: Homan Walker, Lysa (LNI) [mailto:wlys235@LNI.WA.GOV]

Sent: Wednesday, May 12, 2010 1:49 PM

To: Mallery, Michele

Subject: Another submission for the June agenda

Hi, Michele,

I imagine I'm going to rival the UW in June...see who can be last on the agenda!

Attached are three new records series for the policy and quality coordination program.

Please let me know if you have any questions.

Thanks!

<<PQC Active Records_0510.docx>> <<PQC SRC Memo 0510.pdf>>

Lysa

Lysa Homan Walker

Agency Records Officer

Forms and Records Management Supervisor

Department of Labor & Industries


MS: 44842

360-902-5777

FAX: 360-902-5805

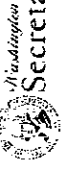
wlys235@Lni.wa.gov

In the spring I have counted one hundred and thirty-six different kinds of weather inside of four and twenty four hours. - Mark Twain

 Secretary of State <small>SA011001</small>		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14				PAGE 1 OF 2	
AGENCY OFM NO. 235 AGENCY Department of Labor and Industries ADDRESS (MS or Street, City and Zip Code) MS: 44310		OFFICE NAME Policy and Quality Coordination RECORDS COORDINATOR CONTACT NAME Sue Callaghan		OFFICE NO. 560 RECORDS COORDINATOR PHONE NO. 902-9144		DATE OF SUBMITTAL 05/12/2010			
RECORDS OFFICER NAME Lysa Homan		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy.		RECORDS OFFICER PHONE NO. 902-5752					

ITEM NO.	STATUS / TITLE / DESCRIPTION	OPR/OFM	CUT-OFF	RETENTION			DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
				ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)		
1	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: POLICY AND QUALITY COORDINATION PROGRAM AND TRAINING FILES Description: Provides documentation of the development and use of instructional and on-the-job material for the training of claims staff. Includes lesson plans and designs. Also includes historical records such as the creation of policies and procedures, and projects related to the mission of the Policy and Quality Coordination program. Media: Paper, electronic and email. Revision No. / Statement:	OPR	Calendar Year	24 mo	276 mo	25 years	10-06-62223	
2	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: CLAIMS ADMINISTRATION TRAINING AND APPRENTICESHIP PROGRAM RECORDS Description: Records include all participant documentation throughout the 22 month Apprentice program and any other training program established for claims administration staff. Documentation may include but is not limited to: work checking documents, feedback reports, coach and trainer daily & monthly logs and submittal forms. Media: Some paper, mostly electronic. Revision No. / Statement:	OFM	Journeyman status	24 mo	24 mo	4 years	10-06-62224	

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR		FOR THE OFFICE OF FINANCIAL MANAGEMENT	
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total) series discontinued and replaced by the State General Schedules and office transfers.			
		FOR RECORDS MANAGEMENT STAFF	

 Secretary of State SAM 11/1/11		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: ROW 40.14			
AGENCY OFM NO. 235	AGENCY Department of Labor and Industries	OFFICE NAME Policy and Quality Coordination		PAGE 2 OF 2	OFFICE NO. 560		
ADDRESS (MS or Street, City and Zip Code) MS: 44310		RECORDS COORDINATOR CONTACT NAME Sue Callaghan		RECORDS COORDINATOR PHONE NO. 902-9144			
RECORDS OFFICER NAME Lysa Homan Walker		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy.		RECORDS OFFICER PHONE NO. 902-5752		DATE OF SUBMITTAL 5/12/2010	

ITEM NO.	STATUS / TITLE / DESCRIPTION	OPR/OFM	CUT-OFF	RETENTION			DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
				ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)		
3	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: CLAIMS TRAINING AND COACH/MENTORING PROGRAM WORKING FILES Description: Records include trainer, coach and mentor working files used to document class participation of trainees in the 22 month claims training program. Trainers and coach/mentor's document their classes and students progress on paper then enter the information into electronic format. The electronic record is considered the original. Documentation may include but is not limited to: dailies and daily logs, critical breakout lists, related supplemental instruction, feedback sheets, and copies of all records needed for the Washington State Apprenticeship Training Council (WSATC). Media: Paper and electronic.	OFM	Data entered and verified into electronic format, or submitted to the WSATC	12 mo	0 mo	1 year	10-06-62225	

Revision No. / Statement:

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers		FOR RECORDS MANAGEMENT STAFF	



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

May 05, 2010

TO: State Records Committee (SRC) Members
Archival Review Committee Members (ARC)
Russell Wood, State Records Management Office (RMO)
Michele Mallery, RMO

FROM: Lysa Homan Walker, Department of Labor & Industries (L&I)

SUBJECT: NEW RECORDS SERIES FOR THE JUNE SRC MEETING FROM THE
PENSION BENEFITS SECTION

Dear SRC, ARC Members, Russell and Michele:

Attached is a new records series for the Pension Benefits section in the Claims Administration section, to be included on the June SRC agenda.

Pension benefits are for those who have been injured on the job and can no longer work due to their injuries, or for the families of those who have died from a work-related injury or illness.

If a pension is awarded to the injured worker, or their family, they will receive a monthly pension payment for their lifetime.


If an individual is, or begins, receiving Social Security benefits, they must notify L&I of that change as their future benefits may be reduced depending upon the effective date of their pension and their highest year's wages. Social Security benefits do not affect a surviving family's pension rates.

This new records series is for all changes made to an individual or family receiving pension benefits. The State Auditor's Office has directed the Pension benefits program to randomly compile statistics for 20% of individuals or families receiving benefits that changes have been made to their accounts. The statistics compiled will be used during audit's conducted by the SAO.

We appreciate your time and consideration. As always, if you have any questions prior to the meeting, please do not hesitate to contact me at (360) 902-5777 or wlys235@Lni.wa.gov.

Enclosure

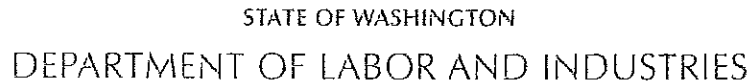


 Washington Secretary of State SAM REED		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14	
AGENCY OFM NO. 235	AGENCY Department of Labor and Industries	OFFICE NAME Insurance Services - Policy and Coordination - Pension		PAGE 1 OF 1	OFFICE NO. 564
ADDRESS (MS or Street, City and Zip Code) MS: 44282		RECORDS COORDINATOR CONTACT NAME Carrie Boyd		RECORDS COORDINATOR PHONE NO. 902-5155	
RECORDS OFFICER NAME Lysa Homan Walker		RECORDS OFFICER SIGNATURE (Required) hereby certify that I have completed an appraisal of the record series and enclosed this schedule for accuracy.		RECORDS OFFICER PHONE NO. 902-5777	
				DATE OF SUBMITTAL 05/05/10	


ITEM NO.	STATUS / TITLE / DESCRIPTION	OPPORTUNITY	CUT-OFF	RETENTION			DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
				ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)		
1	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: PENSION BENEFIT ACCOUNT CHANGE RECORDS Description: Provides documentation of changes made to pension benefit accounts, including Social Security Administration (SSA) benefit coordination. A percentage of all changes are reviewed and compiled into a report used for auditing purposes by the State Auditor's Office. Working files include but are not limited to: Pension Benefit change reports, special on time payments of pension benefits, children who reach the ages of 18 and/or 23 years, SSA benefit coordination reports, tracking spreadsheet and final monthly statistic reports. Media: Paper and Electronic.	OPR	Review Complete	6 mo	66 mo	6 years	10-06-62217	

Revision No. / Statement:

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers			
		FOR RECORDS MANAGEMENT STAFF	



TO: State Records Committee (SRC) Members
Archival Review Committee Members (ARC)
Russell Wood, State Records Management Office (RMO)
Michele Mallory, RMO

FROM: Lysa Homan Walker, Department of Labor & Industries (L&I) 

SUBJECT: NEW RECORDS SERIES FOR THE JUNE SRC MEETING FROM THE
FINANCIAL SERVICES SECTION

Attached is a new records series for the Financial Services section in the Administrative Services Division, to be included on the June SRC agenda.

One of the responsibilities of the Financial Services section is to notify individuals of unclaimed property (funds) owed to them. A due diligence letter is sent to them with their most recent known address. The letter contains an affidavit that they mail back to L&I to have their unclaimed property returned to them.

In some cases, the last known address is incorrect and is returned by the United States Postal Service undeliverable. RCW 63.29.310(1) titled Retention of Records states: "Every holder required to file a report under RCW 63.29.170, as to any property for which it has obtained the last known address of the owner, shall maintain a record of the name and last known address of the owner for six years after the property becomes reportable."


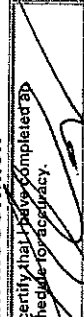
We currently maintain a spreadsheet with information on when and where we sent the due diligence letter. However, we also keep the returned mail as proof that we sent the letter and was returned undeliverable. If Financial Services has not heard from the individual after one year, the unclaimed property is reported to the Department of Revenue (DOR).

After conferring with the Unclaimed Property Unit at DOR, it was determined that we should create a unique retention schedule for these records as nothing in the State General Records Retention Schedule fits.

We appreciate your time and consideration. As always, if you have any questions prior to the meeting, please do not hesitate to contact me at (360) 902-5777 or wlys235@lmi.wa.gov.

Enclosure



 Secretary of State <small>SAM REED</small>		Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14			
AGENCY OFM NO. 235	AGENCY Department of Labor and Industries	OFFICE NAME Administrative Services - Financial Services		OFFICE NO. 934	PAGE 1 OF 1		
ADDRESS (MS or Street, City and Zip Code) MS: 44838		RECORDS COORDINATOR CONTACT NAME Pam McCormick		RECORDS COORDINATOR PHONE NO. 902-6621			
RECORDS OFFICER NAME Lysa Homan Walker		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy. 		RECORDS OFFICER PHONE NO. 902-5777		DATE OF SUBMITTAL 04-22-2010	
ITEM NO. 1	STATUS/TITLE/DESCRIPTION <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: UNCLAIMED PROPERTY RECORDS Description: Provides a record of the due diligence process for notifying individuals who have unclaimed property (funds) per RCW 63.29.310 (1). Documentation includes due diligence letters returned by the United State Postal Service (USPS) as undeliverable and tracking spreadsheet. Media: Paper and electronic.		CUT-OFF Date Letter Returned by USPS	ACTIVE (Months in Office) 6 mo	INACTIVE (Months in Records Center) 66 mo	TOTAL (Years) 6 years	
			DISPOSITION AUTHORITY NO (DAN) 10-06-62214	ARCHIVAL DESIGNATION/REMARKS			

Revision No. / Statement:

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description increase in Records Center retention / reduction in office retention (no change to total) series discontinued and replaced by the State General Schedules, and office transfers		FOR RECORDS MANAGEMENT STAFF	

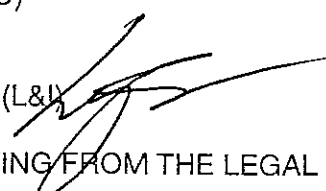


STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

Rec'd
APR 20 2010
Secretary of State
WA. STATE ARCHIVES

April 19, 2010

TO: State Records Committee (SRC) Members
Archival Review Committee Members (ARC)
Russell Wood, State Records Management Office (RMO)
Michele Mallery, RMO

FROM: Lysa Homan Walker, Department of Labor & Industries (L&I) 

SUBJECT: NEW RECORDS SERIES FOR THE JUNE SRC MEETING FROM THE LEGAL SERVICES THIRD PARTY UNIT

Dear SRC, ARC Members, Russell and Michele:

Attached is a new records series for the Third Party unit in Legal Services to be included on the June SRC agenda.


It is the responsibility of the Third Party unit to ensure the recovery of all Workers' Compensation Benefits paid due to the fault of a third party. If a worker's injury is caused by a third party, he/she may seek recovery of damages from the at-fault third party while also receiving Workers' Compensation Benefits, provided any benefits received by the worker are to be repaid from the third party recovery. If the worker chooses not to seek damages from the third party, L&I may stand in his/her shoes to recover the worker's damages.

The new records series is simply for their Third Party Tracking System. It is used to track all case files that the Third Party staff are working on. The documentation also contains fiscal records. The paper working files fall under DAN 97-03-57532 and the final mediation disposition is maintained in the claim file under DAN 07-09-61619.

We appreciate your time and consideration. As always, if you have any questions prior to the meeting, please do not hesitate to contact me at (360) 902-5777 or wlys235@Lni.wa.gov.

Enclosure



 Washington Secretary of State <small>SAM REED</small>		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14	
Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901			
AGENCY OFM NO. 235		OFFICE NAME Administrative Services -- Legal Services -- Third Party	
ADDRESS (MS or Street, City and Zip Code) MS: 44288		OFFICE NO. 934	
DEPARTMENT OF LABOR AND INDUSTRIES		RECORDS COORDINATOR PHONE NO. 902-5111	
RECORDS OFFICER NAME Lysa Homan Walker		DATE OF SUBMITTAL 04-16-2010	
RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy.		RECORDS OFFICER PHONE NO. 902-5777	
RECORDS COORDINATOR CONTACT NAME Christina Johnson		RECORDS COORDINATOR PHONE NO.	

ITEM NO.	STATUS / TITLE / DESCRIPTION	CUT-OFF	RETENTION			DISPOSITION AUTHORITY NO (DAN)	ARCHIVAL DESIGNATION/REMARKS
			ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)		
1	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: THIRD PARTY TRACKING SYSTEM Description: Provides documentation of third party case files in their various stages. Used as a tracking tool to capture key information about the cases, includes fiscal documentation. Media: electronic. Revision No. / Statement:	Action Resolved	72 mo	0 mo	6 years	10-06-62204	

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR		FOR THE OFFICE OF FINANCIAL MANAGEMENT	
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total) series discontinued and replaced by the State General Schedules, and office transfers.			
		FOR RECORDS MANAGEMENT STAFF	

IV. ACTION ITEMS

A.9. University of Washington

Washington
Secretary of State
SNAI REEED

Washington State Archives
Records Management Section
PO Box 40238
Olympia, WA 98504-0238
(360) 586-4901

**REQUEST FOR RECORDS RETENTION SCHEDULE
AND DISPOSITION AUTHORITY NUMBER**
REFERENCE: RCW 40.14

AGENCY OFM NO.

AGENCY

University of Washington

Box 354910

ADDRESS (MS or Street, City and Zip Code)

OFFICE NAME

Any Office

RECORDS COORDINATOR CONTACT NAME

Andrea Watts

RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy.

[Signature]

PAGE 1 OF 1

OFFICE NO.

RECORDS COORDINATOR PHONE NO.

206.543.0573

DATE OF SUBMITTAL

March 8, 2010

ITEM NO.	STATUS / TITLE / DESCRIPTION	OPR/OFM	CUT-OFF	RETENTION			DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
				ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)		
1	<input checked="" type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: Complaint Files (Includes Discrimination and Sexual Harassment Complaints either filed with or investigated by UCIRO) Provides a record of complaint investigations and resolutions of complaints. May include information about complaints, correspondence, etc. Revision No. / Statement This revision reduces the retention of the other copy from 6 years.	OFM	File Closed	36	0	3	UWGS 08-15	10-06-62239
2	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Title: Disposal of Radioactive Waste - Form 160 Form sent to Radiation Safety from a lab indicating that a radioisotope is no longer in a usable form as well as its method of disposal. Data is removed from database when form is submitted to Radiation Safety. Revision No. / Statement This revision applies to the other copy held by the labs. This revision increases the retention period from 2 years, changes the cut-off from After Last Inspection or Material Returned/Dispersed, whichever is Longer, and revises the description. The previous description was "Form sent to Radiation Safety along with radioactive materials once a lab has completed use of materials. Indicates where the materials were maintained and how they were distributed in the lab."	OFM	Copy is sent to Radiation Safety	36	0	3		10-06-62242

STATE RECORDS COMMITTEE / RECORDS MANAGEMENT STAFF ACTION

ACTION: ☐ Approved ☐ Returned to agency for further work

DATE OF ACTION:

FOR THE STATE AUDITOR

FOR THE ATTORNEY GENERAL

FOR THE OFFICE OF FINANCIAL MANAGEMENT

FOR THE STATE ARCHIVIST

FOR RECORDS MANAGEMENT STAFF

AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title / description, increase in Records Center retention / reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers.

University of Washington	FSO: Campus Engineering	Records Authority: Butch Kuecks	Phone 685-1437 Box 352165	Date: 04-01-2010
--------------------------	-------------------------	------------------------------------	------------------------------	------------------

Campus Engineering provides professional engineering support for the design, construction, operation and maintenance of all University facilities - to assure a safe, healthy, efficient and effective environment in support of the University's teaching, research and public service programs.

The following record series is new –
Preservation, Renovation and Modernization Files

The following series is being modified –
93-01-51844 – Capital Construction Project (CCP) Files – Review and Comment

RG# 08.09.00
Revision #: 02

Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14		Page 2 of 2	
AGENCY OFM NO. 360	AGENCY University of Washington	OFFICE NAME Facilities Services: Campus Engineering	OFFICE NO. /08/09/	REVISION # REV: 2	
ADDRESS (MS or Street, City and Zip Code) Box 352165		RECORDS COORDINATOR CONTACT NAME Butch Kuecks		RECORDS COORDINATOR PHONE NO. 685-1437	
RECORDS OFFICER NAME Barbara Benson	RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and determined this series is for archival.	RECORDS OFFICER PHONE NO. 206-543-7950		DATE OF SUBMITTAL May 13, 2010	
ITEM NO.	STATUS/TITLE/DESCRIPTION	CUT-OFF	RETENTION	DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
			ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)
2	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Preservation, Renovation, and Modernization (PRAM) Files This series provides a record of documents used as a resource in the planning and budgeting process for the preservation, renovation, and maintenance of UW Buildings for facilities management. May include Facman Reports, renewal programs, building audit information, biennium budgets - actual and projected, major renovation planning, cost estimates, etc.	Calendar Year	120	0	10
		OPR / OFM			
		OPR			
					Potentially Archival

STATE RECORDS COMMITTEE/RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title/description, increase in Records Center retention/reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers.			
		FOR RECORDS MANAGEMENT STAFF	

Mallery, Michele

From: Andrea Watts [watts@u.washington.edu]
Sent: Wednesday, May 12, 2010 4:40 PM
To: Mallery, Michele
Subject: RE: office 08.09

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Michele,

The description for the PRAM files was reviewed by the Campus Engineering office so I assume that Facman is spelled correctly.

The reason why we are not using GS 21011 "Construction Documentation Non-General..." is because the function of that series is different from the series we are submitting for approval. The PRAM Files record series contains reports and recommendations which recommend future construction projects. The cut-off of these records is Calendar Year because it is not tied to a specific building, as the "Construction Documentation" is with its cut-off of Disposition of Building. Also, this office is not charged with managing the construction project files for the University.

Hope this helps. Please let me know if you have any further questions.

Thanks,

Andrea

Andrea L. Watts
University of Washington
Records Management Services
Phone 206-543-0573
Fax 685-9538
Box 354910

From: Mallery, Michele [mailto:michele.mallery@sos.wa.gov]
Sent: Wednesday, May 12, 2010 2:54 PM
To: Andrea Watts
Subject: RE: office 08.09

Andrea,

I am writing to you on behalf of the Washington State Archivist and would like to thank you for submitting the records retention schedules for the University of Washington Office 08/09 – Facilities Services: Campus Engineering dated May 11, 2010 which was received and reviewed by the Records Management Office on May 12, 2010.

I have reviewed the submitted schedule for Office 08/09 – Facilities Services: Campus Engineering and request the following corrections:
Just wanting to make sure Facman is spelled correctly!

Also, this looks like it could also be covered under GS 21011. Please clarify as to why you are not using the State GS.

Please make the requested corrections and re-submit an electronic copy for review.

In the meantime, if you have any questions on the status of this schedule, please don't hesitate to contact me by email or telephone (360) 586-4901.

Best Regards,
Michele Mallery
State Government Records Management Specialist
Washington State Archives
Office of the Secretary of State
1129 Washington Street SE; MS: 40238
Olympia, WA 98504

[Please note new email address] *Michele.Mallery@sos.wa.gov*
Phone: 360-586-4901
Fax: 360-586-0368

To receive updates on records management advice, records retention schedules and training, click on the following link:

http://www.sos.wa.gov/archives/RecordsManagement/records_state.aspx

Learn more about the Washington State Archives

[Review the State Records Committee Minutes](#)

[Review the Local Records Committee Minutes](#)

From: Andrea Watts [mailto:wattsa@u.washington.edu]

Sent: Tuesday, May 11, 2010 8:35 AM

To: Mallery, Michele

Subject: office 08.09

Mallery, Michele

From: Andrea Watts [wattsa@u.washington.edu]
Sent: Wednesday, May 12, 2010 4:40 PM
To: Mallery, Michele
Subject: RE: office 08.09

Hi Michele,

The description for the PRAM files was reviewed by the Campus Engineering office so I assume that Facman is spelled correctly.

The reason why we are not using GS 21011 "Construction Documentation Non-General..." is because the function of that series is different from the series we are submitting for approval. The PRAM Files record series contains reports and recommendations which recommend future construction projects. The cut-off of these records is Calendar Year because it is not tied to a specific building, as the "Construction Documentation" is with its cut-off of Disposition of Building. Also, this office is not charged with managing the construction project files for the University.

Hope this helps. Please let me know if you have any further questions.

Thanks,

Andrea

Andrea L. Watts
University of Washington
Records Management Services
Phone 206-543-0573
Fax 685-9538
Box 354910

From: Mallery, Michele [mailto:michele.mallery@sos.wa.gov]
Sent: Wednesday, May 12, 2010 2:54 PM
To: Andrea Watts
Subject: RE: office 08.09

Andrea,

I am writing to you on behalf of the Washington State Archivist and would like to thank you for submitting the records retention schedules for the University of Washington Office 08/09 – Facilities Services: Campus Engineering dated May 11, 2010 which was received and reviewed by the Records Management Office on May 12, 2010.

I have reviewed the submitted schedule for Office 08/09 – Facilities Services: Campus Engineering and request the following corrections:
Just wanting to make sure Facman is spelled correctly!

Also, this looks like it could also be covered under GS 21011. Please clarify as to why you are not using the State GS.

Please make the requested corrections and re-submit an electronic copy for review.

In the meantime, if you have any questions on the status of this schedule, please don't hesitate to contact me by email or telephone (360) 586-4901.

Best Regards,

Michele Mallery

State Government Records Management Specialist

Washington State Archives

Office of the Secretary of State

1129 Washington Street SE; MS: 40238

Olympia, WA 98504

[Please note new email address] *Michele.Mallery@sos.wa.gov*

Phone: 360-586-4901

Fax: 360-586-0368

To receive updates on records management advice, records retention schedules and training, click on the following link:

http://www.sos.wa.gov/archives/RecordsManagement/records_state.aspx

Learn more about the Washington State Archives

[Review the State Records Committee Minutes](#)

[Review the Local Records Committee Minutes](#)

From: Andrea Watts [mailto:wattsa@u.washington.edu]

Sent: Tuesday, May 11, 2010 8:35 AM

To: Mallery, Michele

Subject: office 08.09

University of Washington	Payroll	Records Authority: Ginny Montgomery	Phone 543-8625 Box 355655	Date: 03-29-2010
--------------------------	---------	--	---------------------------------	---------------------

The Payroll office is responsible for the payroll operations of the University of Washington.

The following series are new –
 Employee Separation Payment Authorization
 Shared Leave Documentation
 Social Security Audit Documentation
 Annual Attendance Incentive Program
 Form 1007 (Foreign National Data Sheet)
 Certification Report: Grant and Contract
 OPUS (Online Payroll Updating System)

The following series are being discontinued –
 95-MF-55559 - Payroll Folder (Paper/Microfilm/Electronic)
 95-07-55566 – W2 Listing Book
 06-07-61227 – 1388 Form (Determination of Foreign National's Residence for Tax Purposes)

The following series are being revised –
 98-11-58940 -0 Payroll Input Register
 95-07-55560 – Retroactive Salary Transfer
 06-07-61228 – Batches (ETR/PTR, RA)

Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14		Page 1 of 5		
AGENCY OFM NO.	AGENCY	OFFICE NAME	OFFICE NO.	REVISION #		
	University of Washington	Payroll	/09/07/	REV: 22		
ADDRESS (MS or Street, City and Zip Code)		RECORDS COORDINATOR CONTACT NAME		RECORDS COORDINATOR PHONE NO.		
Box 355655		Ginny Montgomery		543-8625		
RECORDS OFFICER NAME		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy.		DATE OF SUBMITTAL		
Barbara Benson				May 11, 2010		
ITEM NO.	STATUS/TITLE/DESCRIPTION	OPR/ OFM	CUT-OFF	RETENTION ACTIVE (Months in Office) INACTIVE (Months in Records Center) TOTAL (Years)	DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
1	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Direct Deposit Authorization (UoW 1376) An authorization form submitted electronically and in hardcopy to Payroll by employees requesting their wage payments be deposited directly to a specified bank account. This revision changes the cut-off from Unit Superseded, changes the title from Bank Deposit Authorization (UoW 1376), and reduces the retention period from 1 year.)	OFM	Payroll Cycle	6 0 0.50	88-6-42501-1R22	
2	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Payroll Input Register Concise summary, by employee, of all data entry per payroll cycle. Used for bank reconciliation. (The same information also appears in more detailed form on the employee's check/advice and on the Payroll Audit Report [50 years].) This revision increases the retention period from 6 months.)	OFM	Payroll Cycle	12 0 1	98-11-58940-1R22	

STATE RECORDS COMMITTEE/RECORDS MANAGEMENT STAFF ACTION

ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title/description, increase in Records Center retention/reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers.			
		FOR RECORDS MANAGEMENT STAFF	

Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14		Page 2 of 5										
AGENCY OFM NO. AGENCY University of Washington	OFFICE NAME Payroll	OFFICE NO. /09/07/	REVISION # REV: 22											
ADDRESS (MS or Street, City and Zip Code) Box 355655	RECORDS COORDINATOR CONTACT NAME Ginny Montgomery		RECORDS COORDINATOR PHONE NO. 543-8625											
RECORDS OFFICER NAME Barbara Benson	RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy.		RECORDS OFFICER PHONE NO. 206-543-7950	DATE OF SUBMITTAL May 11, 2010										
ITEM NO.	STATUS/TITLE/DESCRIPTION	OPR/OFM	CUT-OFF	<table border="1"> <tr> <th colspan="3">RETENTION</th> <th rowspan="2">TOTAL (Years)</th> <th rowspan="2">DISPOSITION AUTHORITY NO. (DAN)</th> <th rowspan="2">ARCHIVAL DESIGNATION/REMARKS</th> </tr> <tr> <th>ACTIVE (Months in Office)</th> <th>INACTIVE (Months in Records Center)</th> <th>INACTIVE (Years)</th> </tr> </table>	RETENTION			TOTAL (Years)	DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS	ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	INACTIVE (Years)	
RETENTION			TOTAL (Years)	DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS									
ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	INACTIVE (Years)												
3	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Retrospective Salary Transfer Form which is used to request and provide a record of adjustments to an individual's salary record. Used with both state and grant and contract budgets. May provide the only record of the transfer of funds from one budget to another. Includes transfers from suspense account. As of 12-2008, these documents are available on My Financial Desktop. This revision reduces the retention period from 10 years and modifies the description. The previous description was "Form which is used to request and provide a record of adjustments to an individual's salary record. Used with both state and grant and contract budgets. May provide the only record of the transfer of funds from one budget to another. Includes transfers from suspense account."	OPR	Month	12	60	6	95-07-555601R22							
4	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Batches (ETR/PTIR, RA) This series is comprised of screen prints taken from payroll databases and is used internally as a quick reference for entries made into the payroll system for payment or payroll adjustments. Includes notes regarding changes to database entries. This revision changes the title from Batches (ETR/PTIR, etc.).	OPR	Payroll Cycle	72	0	6	06-07-612281R22							

STATE RECORDS COMMITTEE/RECORDS MANAGEMENT STAFF ACTION

ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title/description, increase in Records Center retention/reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers.		
		FOR RECORDS MANAGEMENT STAFF

Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14		Page 3 of 5	
AGENCY OFM NO. 360	AGENCY University of Washington	OFFICE NAME Payroll	OFFICE NO. /09/07/	REVISION # REV: 22	
ADDRESS (MS or Street, City and Zip Code) Box 355655		RECORDS COORDINATOR CONTACT NAME Ginny Montgomery			
RECORDS OFFICER NAME Barbara Benson		RECORDS OFFICER PHONE NO. 206-543-7950		DATE OF SUBMITTAL May 14, 2010	

ITEM NO.	STATUS/TITLE/DESCRIPTION	CUT-OFF	RETENTION			DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
			ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)		
5	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Employee Separation Payment Authorization Forms This series provides a record of the authorized payment of an employee's unused annual leave and unused compensatory time at the time of separation from the University and also the authorized payment of sick leave at retirement. Includes employee information and departmental signature(s).	Calendar Year	24	48	6	10-06-62227	
6	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Shared Leave Documentation This series provides a record of the transfer of leave between individuals at the UW or other state agencies. Includes approval from the agency's Human Resources office and supporting documentation of the transfer of money between budgets.	Calendar Year	24	48	6	10-06-62228	
7	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Social Security Audit Documentation This series provides a record of corrections made to an employees social security number within the Payroll database. Includes a copy of the employees' social security card and other documentation regarding the change.	Calendar Year	24	24	4	10-06-62229	

STATE RECORDS COMMITTEE/RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work	DATE OF ACTION:		
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title/description, increase in Records Center retention/reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers.			
		FOR RECORDS MANAGEMENT STAFF	

Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14				Page 4 of 5	
AGENCY OFM NO. 360	AGENCY University of Washington	OFFICE NAME Payroll		OFFICE NO. /09/07/	REVISION # REV: 22	RECORDS COORDINATOR PHONE NO. 543-8625	
ADDRESS (MS or Street, City and Zip Code) Box 355655		RECORDS COORDINATOR CONTACT NAME Ginny Montgomery		RECORDS OFFICER PHONE NO. 206-543-7950		DATE OF SUBMITTAL May 14, 2010	
RECORDS OFFICER NAME Barbara Benson		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the records series and determined its retention schedule for agency.		RETENTION		DISPOSITION AUTHORITY NO. (DAN)	
ITEM NO.	STATUS/TITLE/DESCRIPTION	OPR / OFM	CUT-OFF	ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)	ARCHIVAL DESIGNATION/REMARKS
8	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Annual Attendance Incentive Program This series provides a record of the authorized payment of an employee's eligible sick leave hours for payout at 25% value (if the employee chooses to participate and meets the program requirements). The form includes employee sick leave information, budget(s) and percentage(s) for payout as well as employee and departmental signatures.	OPR	Calendar Year	24	48	6	10-06-62230
9	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Form 1007 (Foreign National Data Sheet) The form 1007 replaces the form 1388 in Jan. 2009. The Form 1007 is used for all foreign national payments (Payroll, Accounts Payable, Student Fiscal Services Payments and Travel). This record provides a more detailed summary of foreign national individual's residency and is created for tax purposes.	OFM	Calendar Year	24	24	4	10-06-62231
10	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Certification Report: Grant and Contract Provides a means for verification of payroll by the Principal Investigator for a grant or contract. After 2002, the reports were no longer printed and are only available in COM. The audit copy, which includes the Principal Investigator's signature, resides in the individual departments.	OFM	End of Month	0	36	3	10-06-62232

STATE RECORDS COMMITTEE/RECORDS MANAGEMENT STAFF ACTION

ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT
		FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title/description, increase in Records Center retention/reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers.		FOR RECORDS MANAGEMENT STAFF

Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14		Page 5 of 5	
AGENCY OFM NO. 360	AGENCY University of Washington	OFFICE NAME Payroll		OFFICE NO. /09/07/	REVISION # REV: 22
ADDRESS (MS or Street, City and Zip Code) Box 355655		RECORDS COORDINATOR CONTACT NAME Ginny Montgomery		RECORDS COORDINATOR PHONE NO. 543-8625	
RECORDS OFFICER NAME Barbara Benson	RECORDS OFFICER SIGNATURE <i>[Signature]</i>	RECORDS OFFICER PHONE NO. 206-543-7950	DATE OF SUBMITTAL May 14, 2010		
ITEM NO.	STATUS/TITLE/DESCRIPTION	OPR/OFM	CUT-OFF	RETENTION ACTIVE (Months in Office) INACTIVE (Months in Records Center) TOTAL (Years)	DISPOSITION AUTHORITY NO. (DAN)
11	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER OPUS (Online Payroll Updating System) Provides a record of the UW online payroll system which allows a department to create/update payroll information on a new or existing employee. OPUS allows a department to make updates instantaneously and eliminates the need for a central office (Payroll) to enter payroll changes. These updates and payroll changes include initial hires/rehires, distribution, budget number changes, leave of absences and separations. The system houses an employee's Payroll records, current and historical.	OPR	Fiscal Year	600 0 50	10-06-62233
				ARCHIVAL DESIGNATION/REMARKS	

STATE RECORDS COMMITTEE/RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title/description, increase in Records Center retention/reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers.		FOR RECORDS MANAGEMENT STAFF	

University of Washington	Med: Rehab Med: Resident Training Program	Records Authority: Karen Ennes	Phone 685-0936 BX 356490	Date: 03- - -2010
--------------------------	---	-----------------------------------	-----------------------------	-------------------

The University of Washington Department of Rehabilitation Medicine's mission is to improve the function, level of independence, and quality of life of people who have disabilities brought about by illness, injury, or of congenital origin.

The following series are being modified -
94-04-53698 – Medical Student Evaluation Form
96-02-56476 – Medical Resident/Fellow Evaluation of Residency Training Program/Faculty
96-02-56477 – Medical Resident Evaluation of Residency/Fellowship Training

The following series are out of the jurisdiction of the Records Management Services Office and are being transferred to the jurisdiction of the Hospital Records Management Program –
94-04-53703 – On Call Schedules
94-04-53704 – Residency Verification and Evaluation Form
94-04-53705 – Resident Physician Vacation/Educational Leave Form
94-04-53706 – Resident Rotation Schedules
94-04-53707 – Resident Tracking and Billing System

All series for this office not found on this retention schedule can be found in the UW General Records Retention Schedule.

Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14				Page 1 of 4		
AGENCY OFM NO. 360	AGENCY University of Washington	OFFICE NAME Med: Rehab Med: Resident Training Program	OFFICE NO. /27111/04/	REVISION # REV: 3	RECORDS COORDINATOR PHONE NO. 685-0936			
ADDRESS (MS or Street, City and Zip Code) Box 356490		RECORDS COORDINATOR CONTACT NAME Karen Ennes		RECORDS OFFICER PHONE NO. 206-543-7950				
RECORDS OFFICER NAME Barbara Benson		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy.						
ITEM NO.	STATUS/TITLE/DESCRIPTION	OPR / OFM	CUT-OFF	RETENTION ACTIVE (Months in Office) INACTIVE (Months in Records Center) TOTAL (Years)		DISPOSITION AUTHORITY NO (DAN)	ARCHIVAL DESIGNATION/REMARKS	
1	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Resident/Fellow Files Provides a comprehensive record of accepted applicants to the Rehabilitation Medicine Resident/Fellowship Training Program. Used to verify medical training. Includes evaluation forms, letters of recommendation, correspondence, residents training calendar, electromyography log book, appointment letters, Certification of Residency, rotation schedule, Certificate of Completion of Resident/Fellowship Program, evidence of disciplinary action. This revision changes the title from Resident Files and modifies the description. The previous description was "Provides a comprehensive record of accepted applicants to the Rehabilitation Medicine Resident Training Program."	OFM	Residency Complete	36	504	45	93-11-53282r1R3	
2	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Medical Student Evaluation Form Provides evaluative record of medical students upon completion of clerkship. Includes evaluative comments regarding clinical knowledge, skills, interpersonal relationships, and personal/professional characteristics. This revision changes the cut-off from calendar year and reduces the retention period from 2 years.	OFM	Academic Quarter	12	0	1	94-04-53698r1R3	

STATE RECORDS COMMITTEE/RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title/description, increase in Records Center retention/reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers.		FOR RECORDS MANAGEMENT STAFF	

Washington State Archives Records Management Section PO Box 40238 Olympia, WA 98504-0238 (360) 586-4901		REQUEST FOR RECORDS RETENTION SCHEDULE AND DISPOSITION AUTHORITY NUMBER REFERENCE: RCW 40.14				Page 4 of 4	
AGENCY OFM NO. 360	AGENCY University of Washington	OFFICE NAME Med: Rehab Med: Resident Training Program	OFFICE NO. 127/11/04/	REVISION # REV: 3		RECORDS COORDINATOR PHONE NO. 685-0936	
ADDRESS (MS or Street, City and Zip Code) Box 356490		RECORDS COORDINATOR CONTACT NAME Karen Ennes		RECORDS OFFICER PHONE NO. 206-543-7950		DATE OF SUBMITTAL May 13, 2010	
RECORDS OFFICER NAME Barbara Benson		RECORDS OFFICER SIGNATURE (Required) I hereby certify that I have completed an appraisal of the record series and examined this schedule for accuracy.		RECORDS OFFICER PHONE NO. 206-543-7950		DATE OF SUBMITTAL May 13, 2010	
ITEM NO.	STATUS/TITLE/DESCRIPTION	OPR/OFM	CUT-OFF	RETENTION		DISPOSITION AUTHORITY NO. (DAN)	ARCHIVAL DESIGNATION/REMARKS
				ACTIVE (Months in Office)	INACTIVE (Months in Records Center)	TOTAL (Years)	
8	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Medical Resident/Fellow Evaluation of Residency Training Program/Faculty Provides a record of medical resident/fellow evaluation of clinical training and opportunities for patient contact as well as evaluation of instructor effectiveness and skill. May be used in connection with faculty promotion issues. This revision changes the title from Medical Resident Evaluation of Residency Training Program/Faculty, reduces the retention period from 5 years, and modifies the description. The previous description was "Provides a record of medical resident evaluation of clinical training and opportunities for patient contact as well as evaluation of instructor effectiveness and skill."	OFM	Academic Year	12	0	1	96-02-56476r1R3
9	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> TRANSFER Medical Resident Evaluation of Residency/Fellowship Training Program/Faculty--Summary Annual summary of medical resident/fellow evaluation of clinical training and instructor. Compiled per teaching site and per faculty member. May be used in connection with faculty promotion issues. This revision changes the title from Medical Resident Evaluation of Residency Training Program/Faculty--Summary, removes the Potentially Archival designation, and modifies the description. The previous description was "Annual summary of medical resident evaluation of clinical training and instructor."	OFM	Summary Complete	60	0	5	96-02-56477r1R3

STATE RECORDS COMMITTEE/RECORDS MANAGEMENT STAFF ACTION			
ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Returned to agency for further work		DATE OF ACTION:	
FOR THE STATE AUDITOR	FOR THE ATTORNEY GENERAL	FOR THE OFFICE OF FINANCIAL MANAGEMENT	FOR THE STATE ARCHIVIST
AUTHORIZED RECORDS MANAGEMENT STAFF SIGNATURE: For minor revisions to title/description, increase in Records Center retention/reduction in office retention (no change to total), series discontinued and replaced by the State General Schedules, and office transfers.		FOR RECORDS MANAGEMENT STAFF	

V. Other Business